



COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA

REGULATED MEMBER CLINICAL TECHNOLOGIST/TECHNICIAN AUTHORIZATION FORM

Restricted Activities: are activities carried out in relation to or as part of providing a health service and may only be provided by authorized individuals. These activities are listed in Schedule 7.1 of the *Government Organization Act*. Individuals may be authorized to perform restricted activities through regulations developed under the *Health Professions Act*. Dental Technologists/Dental Technicians who have completed training approved by Council in dental asepsis and patient-care responsibilities may be authorized by the Registrar to perform the following restricted activities:

- fitting an orthodontic or periodontal appliance
- a fixed or removable partial or complete denture
- or an implant supported prostheses for the purpose of color matching
- or determining a preliminary fit

If a dental technologist/dental technician is authorized to perform a restricted activity, that authorization must be noted on the Register and on the practitioner's Practice Permit.

I, _____, hereby make application for authorization to perform a
(Name of Regulated Member)

Restricted Activity in accordance to the Dental Technologists Profession Regulation under the *Health Professions Act* and Schedule 7.1 of the *Government Organization Act* at:

(Dental Facility Name and Address)

Applicant's Signature _____ Date: _____

Authorized Signature for Dental Facility _____ Date: _____

** This signature is to recognize that the member is subject to audit at the named facility.

RESTRICTED ACTIVITY MANDATORY PROGRAMMING REQUIREMENTS:

- Dental Asepsis Certificate Client Care (Patient Care) Responsibilities Certificate

**All programming approved by Council.*

All application submissions to the attention of "The Registrar" C/o "College of Dental Technologists of Alberta"

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