



**COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA**  
**INITIAL APPLICATION**  
**AS A REGISTERED DENTAL TECHNOLOGIST OR DENTAL TECHNICIAN**

**Application Type**

<input type="checkbox"/> General	<input type="checkbox"/> Agreement on Internal Trade (AIT) (Applicant is currently registered as an Active RDT in a regulated jurisdiction within Canada)
<b>Initial Application Fee RDT, DT</b> <span style="float:right"><b>\$250.00</b></span>	
<input type="checkbox"/> Fixed Partial Prosthetics (FPP)	<input type="checkbox"/> Removable Full Prosthetics (RFP)
<input type="checkbox"/> Removable Partial Prosthetics (RPP)	<input type="checkbox"/> Orthodontics (Ortho)
If applying as a DT please indicate by checking the above box(es), in which competency or competencies you are applying	
<input type="checkbox"/> <b>DLTA</b> <span style="float:right"><b>\$50.00</b></span>	<input type="checkbox"/> <b>Practicum Student</b> <span style="float:right"><b>\$50.00</b></span>

**Applicant Information**

Name:	
Current Address:	City:
Postal Code:	Email Address:
Home Phone:	Work Phone:
Date of Birth:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>

The CDTA communicates with Members and Applicants primarily through electronic communications. Applicants and Members are required to provide home address information under the Dental Technologists Profession Regulation and update contact information with the College.

**Are you legally eligible to work in Canada?**

Yes  No

**Applicants must provide proof of citizenship or that you have been lawfully admitted to and are authorized to work within Canada.**

**Education in Dental Technology**

Name of Educational Institution Attended:	
Address of Institution:	Program Length:
Program Commenced:	Program Completed:

OFFICIAL NOTARIZED TRANSCRIPTS from the Dental Technology program(s) you have attended must be forwarded to our office. If documents are in a language other than English, arrange for a notarized translation to accompany the documents.

**Employment History**

Employer	Employer Address / Letter of Reference	Phone	Hours Worked in Year
			<b>2018:</b>
			<b>2017:</b>
			<b>2016:</b>
			<b>2015:</b>
			<b>2014:</b>

**Declarations**

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Have you ever been charged, pleaded guilty or been found guilty of a criminal offense in any jurisdiction?

Yes

No

If yes, provide details.

**You are required to provide a criminal record check obtained within 90 days of the date of application.**

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Have you ever been investigated or are you subject to a current investigation involving an allegation of professional misconduct, with any regulatory body with which you are registered or have been registered?

Yes

No

If yes, provide details.

Have you ever been subject to a formal complaint resolution agreement, undertaking or hearing outcome with any regulatory body with which you are registered or have been registered?

Yes

No

If yes, provide details.

Are you affiliated with another professional regulatory body? (i.e currently hold registration, previously held registration or have a registration pending)

Yes

No

If yes, provide details.

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I attest by my signature below that all information provided in this application is correct, accurate and complete to the best of my knowledge. I understand that any false or misleading statement, omission or misrepresentation may be cause for cancellation of my practice permit and registration. **I understand that in order to engage in the Practice of Dental Technology, in Alberta, I am required by law to hold a current practice permit and registration with the CDTA before I commence employment.** I understand that the information I have provided may be verified by the CDTA and I authorize the CDTA to seek additional information from third parties such as educational institutions, regulatory bodies, employees or any other course deemed required in order to process my application. I authorize any and all sch institutions, regulatory bodies and other sources to release such information to the CDTA. I understand that the collection, use and disclosure of my personal information will be handled in accordance with the CDTA's Privacy Policy.

I agree that I will advise the CDTA immediately in writing:

- I. Should I be charged or convicted of any criminal offence in any jurisdiction;
- II. Should a finding of or proceeding for professional misconduct, incompetence or incapacity in Alberta or in any other jurisdiction be made or commenced against me in relation to any health profession;
- III. Should I be terminated from employment;
- IV. Should any of my mailing or contact information change.

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Applicant Signature

Date:

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**Method of Payment**

Please make cheque or money orders payable to: College of Dental Technologists of Alberta  
(NSF cheques will be assessed a \$50.00 fee.)

- Cheque  
 Money Order

- Visa  
 Mastercard

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Credit Card #:

Expiry:

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Cardholder Name:

Cardholder Signature:

APPLICATIONS SUBMITTED WITHOUT COMPLETED DOCUMENTATION OR PAYMENT  
WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED BY THE CDTA.

Please mail the application and supporting documentation to:

**COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA**

#304 – 13220 St. Alberta Trail

Edmonton, AB T5W 4L1

Contact information:

Tara Tremblay, Registrar

Email: [tara@cdta.ca](mailto:tara@cdta.ca)

Ph: 780-469-0615

*Please note that College staff is available by appointment only*  
***Application and original documents must be sent via Canada Post***