

SECTION A

To be completed by the applicant and forwarded with Section B to <u>each</u> jurisdiction where you are or have been certified, licensed, or registered as a Dental Technologist, Dental Technician, or any other regulated health profession.

1. Applicant Information

Name:	
Home Address:	
City:	Postal Code:
Email:	
Home Phone:	Work Phone:
Date of Birth	Gender (<i>circle</i>): F / M / Other

2. Educational Information

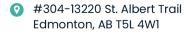
Name of Educational Institution Attended:

Address of Institution:

Program Length:	Program Commenced	Program Completed
	Date (dd/mm/yyyy):	Date (dd/mm/yyyy):



College of Dental Technologists of Alberta





3. Certificate, License, or Registration

Name of Regulatory Body	In City/ Province/Country	Date of certification/license/ registration

I authorize	to provide the information r	requested in
	•	

Name of Regulatory Body

Section B of this form and any additional information requested by the College of Dental Technologists of Alberta (CDTA) in order to process my application for registration

Applicant Signature

Date

SECTION B

To be completed by the jurisdictional regulatory body and forwarded directly to the CDTA.

Please provide the following registration information as authorized by the applicant for registration with the CDTA. The information provided is confidential.

Profession:	
Certificate/License/Registration #:	
Initial Registration Date:	
Expiry Date:	
Certificate, License, or Registration Status:	
o Active	
 Conditional 	



College of Dental Technologists of Alberta #304-13220 St. Albert Trail Edmonton, AB T5L 4W1



o Temporary	
o Inactive	
o Other (explain)	
Has this person's license, registration, or permit ever been	o Yes
denied, canceled, suspended, approved with conditions,	• NO
or otherwise limited or restricted in any way?	0 NO
Is this person's license, registration, or permit currently	o Yes
denied, cancelled, suspended, approved with conditions	
or otherwise limited, restricted, or under review?	• No
Has this person ever had a finding of unprofessional	o Yes
conduct, incompetency, incapacity, or a like finding made	o No
against them?	0 NO
Is this person currently under investigation or involved in	o Yes
any proceedings for conduct in the nature of professional	o No
misconduct, incompetency or incapacity, or any like	0 NO
investigation or proceeding?	
If the answer to one or more of the preceding questions is	o Yes
"Yes", please provide further information	• NO
Line this names a provided you with avidence of another tion	
Has this person provided you with evidence of graduation	∘ Yes
(e.g. diploma or transcript) from the Dental Technology	• No
program listed in Section A?	Vee
Has this person successfully completed an entry-to-	o Yes
practice assessment with the regulatory body?	o No

Name of Regulatory/Certification/Licensing Body:

Signature:

Print Name:

Title:

Province/State/Country:

Date:



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