

SECTION A

To be completed by the applicant and forwarded with Section B to each 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 (*circle*): F / M / Other

2. Educational Information

Name of Educational Institution Attended:

Address of Institution:

Program Length:

Program Commenced
Date (dd/mm/yyyy):

Program Completed
Date (dd/mm/yyyy):

3. Certificate, License, or Registration

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

I authorize _____ to provide the information 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: <input type="radio"/> Active <input type="radio"/> Conditional	

Verification of Certification, License, or Registration

<ul style="list-style-type: none"> ○ Temporary ○ Inactive ○ Other (explain) 	
Has this person's license, registration, or permit ever been denied, canceled, suspended, approved with conditions, or otherwise limited or restricted in any way?	<ul style="list-style-type: none"> ○ Yes ○ No
Is this person's license, registration, or permit currently denied, cancelled, suspended, approved with conditions or otherwise limited, restricted, or under review?	<ul style="list-style-type: none"> ○ Yes ○ No
Has this person ever had a finding of unprofessional conduct, incompetency, incapacity, or a like finding made against them?	<ul style="list-style-type: none"> ○ Yes ○ No
Is this person currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity, or any like investigation or proceeding?	<ul style="list-style-type: none"> ○ Yes ○ No
If the answer to one or more of the preceding questions is "Yes", please provide further information	<ul style="list-style-type: none"> ○ Yes ○ No
Has this person provided you with evidence of graduation (e.g. diploma or transcript) from the Dental Technology program listed in Section A?	<ul style="list-style-type: none"> ○ Yes ○ No
Has this person successfully completed an entry-to-practice assessment with the regulatory body?	<ul style="list-style-type: none"> ○ Yes ○ No

Name of Regulatory/Certification/Licensing Body: _____

Signature: _____

Print Name: _____

Title: _____

Province/State/Country: _____

Date: _____