

## Application for Registration

**All required documentation must be received before your application will be processed.**

Applications and supporting documentation **must** be sent to the College via email. Paper-based applications will no longer be accepted by the College and will be returned to the applicant.

**Applicants are required to submit the application form and supporting documents to [membersinfo@cdta.ca](mailto:membersinfo@cdta.ca)**

Application Type	Fee(s)		
Registered Dental Technologist (RDT)	Application Fee	\$250.00	
	Annual Practice Permit Fee	\$780.00	
Registered Dental Technician <i>If applying as a DT, please indicate by checking the box(es) below, in which competency or competencies you are applying</i>	Application Fee	\$250.00	
	Annual Practice Permit Fee	\$780.00	
<ul style="list-style-type: none"> <li>• Fixed Partial Prosthetics (FPP)</li> </ul>	<ul style="list-style-type: none"> <li>• Removable Full Prosthetics (RFP)</li> </ul>	<ul style="list-style-type: none"> <li>• Removable Partial Prosthetics (RPP)</li> </ul>	<ul style="list-style-type: none"> <li>• Orthodontics (Ortho)</li> </ul>

### 1. Applicant Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender (*circle*): F / M / Other \_\_\_\_\_

# Application for Registration

The CDTA communicates with Applicants primarily through email. Applicants are required to provide a home address under the Dental Technologists Profession Regulation. Applicants **must** advise the CDTA immediately when there are changes to any of the contact information provided above.

## 1.1 Citizenship

Is the applicant legally eligible to work in Canada?

- Yes
- No

## 2. Educational Information

Name of Educational Institution Attended:

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Address of Institution:

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Program Length:	Program Commenced Date (dd/mm/yyyy):	Program Completed Date (dd/mm/yyyy):
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## 3. Employment History (RELATED TO DENTAL TECHNOLOGY)

Employer Name/Address	Employer Phone	Employment Start/End <small>(dd/mm/yyyy)</small>


#### 4. Declarations

(a) Have you ever been registered or licensed to practice Dental Technology or any other health profession in any other jurisdiction(s)?

- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

(b) Have you ever been refused a license in another jurisdiction?

- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

(c) Have you ever been investigated or are you subject to a current investigation involving an allegation of professional misconduct, with any other regulatory body?

- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

(d) Have you ever been subject to a formal complaint resolution agreement, undertaking, or hearing outcome with any regulatory body?

- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

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



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- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

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

- Yes
  - No
- (if yes, please provide details on a separate page and attach)*

I attest by my signature below that all the 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 to engage in the practice of dental technology, in the Province of 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 including but not limited to educational institutions, regulatory bodies, employers, or any other course deemed required to process my application. I authorize any and all such 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:

- (a) Should I be charged or convicted for any criminal offense in any jurisdiction;
- (b) Should a finding of or processing for professional misconduct, incompetence, or incapacity in any jurisdiction be made or commenced against me;
- (c) Should I be terminated from employment
- (d) Should there be any change to my mailing address, email, or any other contact information.

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**Applicant Signature**

**Date**



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## Application for Registration

### 5. Payment Information

- Type:**
- Visa:
  - Mastercard:
  - Visa Debit:
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**Credit Card #:**

**Expiry:**

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**Cardholder Name:**

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**Cardholder Signature:**

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***Please contact us before you visit the College office as we work both off-site and in-person.  
We want to ensure that when you visit, we are available to assist you.  
Staff is available by appointment only.***

### Contact Information:

**Registrar/Executive Director:** Tara Tremblay

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

**Phone:** 780-469-0615



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