

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

Application Type	Fee(s)		
Registered Dental Technologist (RDT)	Application Fee	\$250.00	
	Annual Practice Permit Fee	\$880.00	
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	\$880.00	
<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)

1. Applicant Information

Name:

Home Address:

City:

Postal Code:

Email:

Home Phone:

Work Phone:

Date of Birth

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

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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:

Address of Institution:

Program Length:

Program Commenced
Date (dd/mm/yyyy):

Program Completed
Date (dd/mm/yyyy):

3. Employment History (RELATED TO DENTAL TECHNOLOGY)

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

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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.

Applicant Signature

Date

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5. Payment Information

Type: ☐ Visa:
☐ Mastercard:
☐ Visa Debit:

Credit Card #:

Expiry:

Cardholder Name:

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

Phone: 780-469-0615