



## College of Dental Technologists of Alberta (CDTA) Application for Registration

---

### Application Checklist

The following must be submitted to the CDTA before your application will be considered complete. Incomplete application will be returned to the applicant.

- Non-Refundable application fee of \$250.00 (Application fees do not pay for any portion of examination or registration fees),
  - Payment can be made via, visa or mastercard
- Annual Practice Permit fee of \$780.00 (Practice Permit fees do not pay for any portion of application or examination fees),
  - Payment can be made via, visa or mastercard
- Completed Application Form, including a signed supervisory agreement
- Criminal Records Check from all jurisdictions within which you hold or have ever held a license to practice Dental Technology. The Criminal Records Check must be dated within 90 days of the application. The original must be provided.
- Proof of citizenship, or that you have been lawfully admitted to Canada and are authorized to work in Canada (copy or passport, birth certificate, or Canadian work visa if you are not a Canadian citizen)
- Proof of registration for the Dental Technology Entry-to-Practice assessment with CADTR. (<https://cadtr-acordt.com>)
- Graduate Institution Transcripts or Graduate Diploma

---

### Questions?

If you have questions regarding the application and registration process, please contact Tara Tremblay, Registrar at [tara@cdta.ca](mailto:tara@cdta.ca) or 780-469-0615.

---



## COLLEGE OF DENTAL TECHNOLOGISTS OF ALBERTA

### 2021 NAIT Graduate Application for Temporary/Conditional Practice Permit AS A REGISTERED DENTAL TECHNOLOGIST OR DENTAL TECHNICIAN

#### Application Type

Proof of registration for the Dental Technology Entry-To-Practice Assessment (DTETPA) must accompany this application.

<https://cadtr-acordt.com>

**Initial Application Fee + Annual Practice Permit Fee RDT, DT** **\$250.00 + \$780.00**

Fixed Partial Prosthetics (FPP)

Removable Full Prosthetics (RFP)

Removable Partial Prosthetics (RPP)

Orthodontics (Ortho)

If applying as a DT please indicate by checking the above box(es), in which competency or competencies you are applying

#### 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 or DIPLOMA from NAIT you have attended must be forwarded to our office.

#### Employment History **RELATED TO DENTAL TECHNOLOGY**

Employer	Employer Address / Letter of Reference	Phone	Hours Worked in Year
			2021:
			2020:
			2019:
			2018:
			2017:

**Declarations**

---

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.**

---

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.

---

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.

---

Applicant Signature

Date:

---

---

**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.)

Visa

Mastercard

---

Credit Card #:

Expiry:

---

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 T5L 4W1

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**

Appendix A

Supervision Agreement for Temporary-Conditional  
Membership with the College of Dental Technologists of  
Alberta (CDTA)

Supervisee (Temporary-Conditional Member of the CDTA)

The Supervisee must be under "direct supervision" until such a time that the Supervisee has completed all requirements to become fully licensed as a Dental Technologist or Technician and granted a Practice Permit without conditions. Direct supervision means the Regulated Supervisor, who has signed this agreement, must be onsite with the Supervisee at all times. The Regulated Supervisor will review and approve any dental device or appliance manufactured with the Supervisee prior to the device or appliance being accepted as complete.

Responsibilities of the Supervisee:

- i. To have discussed with the Supervisor the requirement for Direct Supervision.
- ii. The Supervisee will not perform any activities that are felt to be too advance for their level of competence.
- iii. **Advise the Registrar immediately of any changes of employment or Supervision.**
  - a. Failure to report any changes will result in a fine of \$350.00 and the immediate suspension of the temporary conditional practice permit.

I hereby certify that I am under the supervision of a qualified Regulated Member, who has signed this agreement and is licensed under the Health Professions Act, and who is authorized to perform the services for which I will be supervised. I have read and understood this agreement and will adhere to any requirements outlined in the agreement.

(Date)

(Name of Supervisee)

(Signature of Supervisee)

Company Name:			
Company Address:			
Postal Code:		Telephone Number:	

---

Qualifications of Regulated Supervisor:

## Regulated Supervisor

The Regulated Member who agrees to provide direct supervision of the Supervisee during the provision of professional services. The Supervisor must meet the following criteria:

- I. Be a Regulated Member, fully licensed under the Health Professions Act, and authorized to perform the duties for which supervision will be provided.
- II. Be in good standing with the appropriate regulatory body.
- III. Have held a such a license for a minimum of two years.
- IV. Have no conditions imposed on their Practice Permit.

Responsibilities of the Regulated Supervisor:

- I. Assess the capabilities of the Supervisee. In signing this agreement, the Supervisor takes responsibility for any services provided by the Supervisee.
- II. To assist the Supervisee in developing proficiency in the practice of Dental Technology.
- III. The Supervisor will not expect or allow the Supervisee to perform any activities in the which the Supervisee has not demonstrated competence.
- IV. The Supervisor will assess and approve every dental appliance manufactured by the Supervisee prior to the appliance being accepted as complete.

I hereby certify that I am a qualified Regulated Member, licensed under the Health Professions Act, and authorized to perform the services for which I will be providing supervision to the Supervisee. I agree that the CDTA may contact the Regulatory Body under which I am licensed to inquire as to my registration status and conduct history. I have read and understood this agreement and will adhere to any requirements outline in the agreement.

---

(Date)

(Name of Supervisor)

(Signature of Supervisor)

---

(Name of Regulatory Body)

(Practice Permit #)