College of Dental Technologists of Alberta

Statutory Declaration & Resignation Form

Resignation of Registration and Practice Permit

Registrants wishing to resign their registration and practice permit with the College of Dental Technologists of Alberta (CDTA) must provide formal written notification to the College. Completion of this statutory declaration is required under CDTA Bylaw Part 4(10)(4), *Resignation of Membership.*

To submit your resignation, complete this form and return it to the CDTA by email. You will receive confirmation once your resignation has been processed, and the public register has been updated.

Important: If you resign while under investigation, a notation will be added to your record on the public register.

This form may be completed electronically or by hand but must be submitted to the CDTA by email.

Section 1: Registrant Information

Registrant's Name and Registration

Salutation: ◉ Ms. ○ Mrs. ○ Mr.

Last Name: First Name:

Registrant's Mailing Address

Address: Email:
Practice Permit #: Phone:
Unit/Suite: Province:
City: Postal Code:

Section 2: Reason for Resigning

Please provide your reason(s) for resigning your Certificate of Registration:

- ☐ Retiring (no longer part of the labour force)
- ☐ Leaving the country (leaving Canada for another country)
- ☐ Leaving the province (leaving Alberta for another province in Canada)
- ☐ Changing profession (leaving the profession)
- ☐ Other (please specify): _____

College of Dental Technologists of Alberta

Section 3: Confirmation, Understanding, Declaration & Signature

Check off all items under Confirmation and Understanding:

- ☐ I confirm the above information is correct
- ☐ I wish to resign my Practice Permit and Registration with the College of Dental Technologists of Alberta

3. b) Understanding

- ☐ I understand that once my resignation is processed:
- ☐ I will no longer be authorized to practice dental technology in Alberta
- ☐ I will no longer be authorized to use the protected titles:

(a) dental technologist;
(b) dental technician;
(c) registered dental technologist;
(d) registered dental technician;
(d.1) clinical dental technologist;
(d.2) clinical dental technician;
(d.3) CDT;
(g) D.T.;
(h) R.D.T.
or any variation or abbreviation or an equivalent in another language.

- ☐ I am aware that, despite my resignation, I remain subject to the jurisdiction of the College of Dental Technologists of Alberta in respect of my conduct while I was a registrant.
- ☐ My resignation will be effective the date this resignation form is received at the College of Dental Technologists of Alberta.

Please indicate your last day of practice: _____
mm/dd/yyyy

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3. c) Declaration and Authorized Signature

I, _____ am resigning my Practice Permit and Registration
(Print Name)
with the College of Dental Technologists of Alberta effective on the date the College receives this Statutory Declaration and notice of Resignation.

I solemnly declare that:

1) I no longer, either directly or indirectly, manufacture dental appliances within the Province of Alberta;
2) I do not, nor shall I, perform any work that falls within the scope of practice of a Dental Technologist or Dental Technician within the Province of Alberta; and
3) Should I ever return to performing such work, as set forth above, within the Province of Alberta, I shall immediately register with the College of Dental Technologists of Alberta, as a Dental Technologist or Dental Technician prior to

doing so.

4) I authorize the College to obtain such information as may be required to determine if I am still engaged in the profession of Dental Technology. I understand that the College may request additional information from me.
5) I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.
6) I understand that after this date, in accordance with the legislation that I may not engage in the scope of practice for dental technologist and dental technicians defined in the Health Professions Act as:
7) In addition, I will not use the titles:
   (a) dental technologist;
   (b) dental technician;
   (c) registered dental technologist;
   (d) registered dental technician;
   (d.1) clinical dental technologist;
   (d.2) clinical dental technician;
   (d.3) CDT;
   (g) D.T.;
   (h) R.D.T.
8) I understand that, should I wish to become registered with the College of Dental Technologists of Alberta, I would be required to re-apply and meet all the registration requirements in place at the time of my re-application, including any qualifying examinations required.

Signature of Registrant:

Date (mm/dd/yyyy):

Section 4: Notary Public or Commissioner for Oaths

Notary Public/Commissioner for Oaths
(please circle which)

Declared before me in the City of_____, in the Province of_____.

This_____Day of_____20_____.

Section 5: Form Submission

The completed form can be submitted to the CDTA by:

Email: membersinfo@cdta.ca
Subject Line: Resignation