



New Brunswick Dental Society  
520 rue King Street, HSBC Place #820  
P.O./C.P. Box 488, Station "A"  
Fredericton, N.B. E3B 4Z9  
Tél.: (506) 452-8575 Fax: (506) 452-1872

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# APPLICATION FOR REGISTRATION

*(Please print)*

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*Any false statement knowingly made by the applicant in the application process, or connived at by him/her in any clause in this application, is good cause for revocation of license after license has been granted.*

## PERSONAL DATA

1. Name: \_\_\_\_\_  
*(first) (middle) (last)*  
(as appearing on Passport or Government-issued Identification)

An unmounted  
passport-sized photo of  
applicant, taken not  
more than 6 months  
before the date of  
application, must be  
pasted into this space.

### FOR OFFICE USE ONLY

Date application received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date license granted: \_\_\_\_\_

Registration No. \_\_\_\_\_

2. Business Address:

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Street	City	Province
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Postal Code	Telephone	Fax	Email
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3. Home Address:

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Street	City	Province
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Postal Code	Telephone	Fax	Email
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4. Date of Birth (M/D/Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

5. Gender: \_\_\_ Female \_\_\_ Male

6. Fluent in: \_\_\_ English \_\_\_ French

7. Are you a Canadian citizen or permanent resident of Canada? \_\_\_ YES \_\_\_ NO

*If "yes" please provide a certified copy of your Canadian birth certificate, citizenship card, or proof of permanent residency status.*

*If "no" please provide details of your current citizenship and a certified copy of authorization issued by the Federal Government which will permit you to engage in the practice of dentistry in Canada.*

8. Is the name you are applying under different from that which appears on your Diploma? \_\_\_yes \_\_\_no

*If "yes" please provide a certified copy of a legal document that confirms the change of name (i.e. Marriage Certificate, Legal Name Change Decree, etc.)*

## DENTAL EDUCATION

Institution	Location	Diploma/Degree	Date Started	Date Completed

*Note: Please provide an original letter from the Dean or designate and a certified true copy of your graduate diploma in dentistry.*

9. Do you have a certificate issued by the National Dental Examining Board (NDEB) of Canada? \_\_\_ YES \_\_\_ NO

*If "yes", please provide a certified true copy of original certificate.*

*If "no", are you applying pursuant to Labour Mobility legislation? \_\_\_ YES \_\_\_ NO*

## POST-GRADUATE DENTAL EDUCATION

Institution	Location	Diploma/Degree	Date Started	Date Completed

10. Have you completed the Royal College of Dentists of Canada Specialty Examination? \_\_\_ YES \_\_\_ NO

*If "yes" please have RCDC forward a letter verifying your successful completion.*

## PROFESSIONAL LIABILITY INSURANCE

11. Professional Liability (Malpractice) Insurance Carrier: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Amount: \_\_\_\_\_

## ACADEMIC CONDUCT

12. While attending a post-secondary institution, have allegations of misconduct, including academic misconduct, ever been made against you or have you ever been suspended, required to withdraw, expelled or penalized by a post-secondary institution for misconduct? \_\_\_\_ YES \_\_\_\_ NO

*If "yes" please provide the details of the allegations and the nature of the penalty imposed on you.*

### **Vulnerable Sector (V.S.) Criminal Check**

13. Please attach a copy of a Vulnerable Sector Criminal Check. Details may be obtained from the Royal Canadian Mounted Police.

## PRACTICE INFORMATION

14. Have you practiced or been previously registered/licensed to practice dentistry in any jurisdiction outside New Brunswick? \_\_\_\_ YES \_\_\_\_ NO

Jurisdiction	Type of License	Date first Registered	Date Registration Expired

*If "yes" please see Appendix "A" - Release*

### Health Sector Practice

15. Have you ever practiced or been registered/licensed to practice any health sector profession other than dentistry, e.g. hygienist, nurse, pharmacist, etc. in any jurisdiction including New Brunswick? \_\_\_\_ YES \_\_\_\_ NO

Jurisdiction	Type of License	Date first Registered	Date Registration Expired

*If "yes" please see Appendix "A" - Release*

## HEALTH HISTORY

16. Do you **currently** suffer from a physical or mental condition or disorder which, if left untreated would impair your ability to practice dentistry safely and competently? \_\_\_\_ YES \_\_\_\_ NO
17. Are you free from contagious or infectious disease? \_\_\_\_ YES \_\_\_\_ NO

## REFUSAL OF REGISTRATION AND PROFESSIONAL DISCIPLINE

18. Have you ever been refused registration/licensure to practice dentistry in any jurisdiction? \_\_\_\_\_YES \_\_\_\_\_NO
19. Have you ever been subject of any proceedings with respect to professional misconduct or incompetence in dentistry or any health sector profession? \_\_\_\_\_YES \_\_\_\_\_NO

*If "yes" to either question above please provide details below and see Appendix "A".*

## DECLARATION

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement in this application, I shall be deemed not to have satisfied the requirements for registration in the Province of New Brunswick and that my application shall be subject to immediate revocation and cancellation.

I further solemnly declare that, if licensed to practice Dentistry in New Brunswick, I will practice ethically and maintain the dignity and honour of the profession and comply with the Dental Act, by-laws, and rules.

Taken and declared before me in the

County of \_\_\_\_\_

Province of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*A Commissioner of Oaths, Notary Public*

## APPENDIX "A"

### CONSENT FOR RELEASE OF INFORMATION

I, Dr. \_\_\_\_\_ have made application with the New Brunswick Dental Society for a Certificate of Registration/License in order to engage in the practice of dentistry in New Brunswick.

The New Brunswick Dental Society as part of its registration/licensure process requires that its Certificate of Standing form be completed by every jurisdiction in which I was licensed and/or engaged in the practice of dentistry and if applicable any jurisdiction where I practiced a regulated health profession.

As most jurisdictions require my consent to release the requested information I am hereby signing my permission and irrevocably authorize and direct the ( \_\_\_\_\_ ) to provide any information requested by the New Brunswick Dental Society, at my expense.

I understand and accept that this means providing full disclosure of any and all information you have including but not limited to:

- All information contained on your Public Register.
- My class/type of registration/licensure (past and present) and the status of those certificates including any current or previous suspension(s) or revocation(s).
- Whether I am in arrears of any fees or other amounts owed to the named Regulatory Body.
- Any terms, conditions, limitations, and/or noted deficiencies attached to my registration/licensure, both past and present, and whether publicly accessible or not.
- Whether I have given any undertakings or agreements to the named Regulatory Body and the nature of such undertakings or agreements, whether past or present.
- Any information regarding my compliance with the named Regulatory Body's Quality Assurance or Continuing Education program(s).
- Whether I am or have been the subject of an incapacity inquiry and the disposition of any such inquiry.
- Whether I am or have been the subject of a formal complaint and the disposition of any such complaint, including cautions, specified continuing educational or remediation programs, or no further action.
- Whether I am or have been the subject of a Registrar's investigation and the final disposition of that investigation.
- Whether I am or have been the subject of a proceeding by a Discipline Committee or Fitness to Practise Committee and the disposition of any such proceeding.



- Any other information regarding my professional conduct that the named Regulatory Body has on file which is deemed by it or the Registrar to be relevant to my application for dental licensure/registration in New Brunswick.

It is understood and acknowledged by me that I have been advised by the New Brunswick Dental Society that I might wish to obtain legal advice prior to executing this consent and that I have either done so or have had sufficient opportunity to do so prior to executing this consent for release of information. I am signing this document of my own free will, voluntarily and without coercion having read it and having understood it.

**IN WITNESS WHEREOF** I have duly executed this Release form this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Printed name of applicant*

\_\_\_\_\_  
*Printed name of witness*

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Signature of witness*