

APPLICATION FORM FOR A DENTURIST LICENSE

PROVINCE OF NOVA SCOTIA

CURRENTLY LICENSED DENTURIST **YES** ___ **NO** ___

IF YES, IN WHICH PROVINCE: _____

Surname: _____ Given Name: _____

Date of Birth: (day /month/ year) _____ Place of Birth: _____ Gender: _____

Immigration Status:

Yes ___ No ___

Canadian Citizen:
(If yes, please provide copy of birth certificate/citizenship papers)

Yes ___ No ___

Landed Immigrant:

Residence:

Street Address _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Facsimile _____

Business/Practice:

Street Address _____

City _____ Prov. _____ Postal Code _____

Telephone _____ Facsimile _____

Spoken:

English _____
French _____
Other _____
Please Specify _____

Written:

English _____
French _____
Other _____
Please Specify _____

Please attach the following documents to your completed application form:

All applicants

- passport photographs with Candidates name in block letters and signature on the reverse side
- a certified copy of birth certificate
- Proof of professional liability insurance in accordance with DLBNS policy
- A criminal background check dated within the past 6 months

New applicants educated in Canada

- Official transcripts from an accredited Canadian denturism program

Canadian Free Trade Agreement transfer applicants (applicants already licensed in another Canadian province or territory)

- Proof of licensure in good standing with a denturism regulator in another Canadian jurisdiction

Internationally Educated Applicants

- Educational credential assessment report from World Education Services (WES)

Yes ___ No ___ Are you currently practicing or have you ever practiced Denturism in another province, Canadian territory or foreign country? If yes specify:

Board _____ Lic./Reg# _____

Issue Date _____ Exp. Date _____

Yes ___ No ___ Have you ever been convicted of an offence under the Criminal Code of Canada?

Yes ___ No ___ Any other country? If yes, specify:

Date of judgement: _____

Nature of Infraction: _____

Sentence: _____

File No: _____ Court: _____

Province: _____ District: _____

Yes ___ No ___ Have you ever been the subject of a finding of professional misconduct incompetence or incapacity?

Yes ___ No ___

Has your license to practice Denturism in any jurisdiction ever been revoked or suspended? If yes, specify:

Date _____

Reason _____

Yes ___ No ___

Do you have, or have you ever been treated for a mental illness, drug addiction, or alcoholism that could affect your ability to practice Denturism?

If yes, specify: Date: _____

Facility: _____

Treating Practitioner(s): _____

References (at least 3): - Name and Contact Information (Phone & Email Address)

1. _____

2. _____

3. _____

Previous employment for last 5 years: (attach listing if necessary)

Education:

Post
Secondary:

Name and address of denture clinic where you are to practice:

Clinic Name

Street Address

City/Town

Postal Code

Telephone

Facsimile

Email Address

Particulars of licenses to practice denturism issued in other provinces or territories of
Canada _____

Have you ever been refused a license to practice denture technology?

Yes No

If yes, specify: _____

Applicants shall complete all questions. Any questions that are not applicable shall be completed by inserting the words *Not applicable*. Applicants shall submit evidence of satisfactorily completing a course of training in denture technology which course has been approved by the Board.

<p>Please attach passport photo Ensure that candidate=s name in block letters and signature are on reverse</p>	<p>Please attach passport photo Ensure that candidate=s name in block letters and signature are on reverse</p>
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The candidate agrees that he/she fully intends to fulfill the mandate for registration/ licensure within six months following the date of their approved application.

I commit to comply with the provisions of the Denturist Act and Regulations Respecting Denturists for the Province of Nova Scotia, a copy of which I acknowledge receiving.

I, _____ the applicant, declare that the information contained herein is true and complete and I authorize the Registrar for the Denturist Licensing Board of Nova Scotia to verify the facts stated in this application.

In witness thereof, I have signed

at _____
place

on _____
date

Signature of Applicant _____