

NEWFOUNDLAND AND LABRADOR DENTAL BOARD

Suite 204, 49-55 Elizabeth Avenue

St. John's, NL, A1A 1W9

Tel: (709) 579 – 2391



Date Received: _____

Approved By: _____

Date: _____

Registration Number: _____

Every false statement knowingly made by the applicant in this paper, or connived at in any clause in this application, is good cause for rejection of application or for revocation of licence after licence has been granted.

APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN

(PLEASE PRINT)

PERSONAL DATA

Name _____
(First) (Middle) (Surname) (Gender)

Business Address _____
_____ POSTAL CODE _____ Tel: _____ Fax: _____

Home Address _____
_____ POSTAL CODE _____ Tel: _____ Fax: _____

E-Mail Address: _____

Place of Birth _____ Date of Birth(D/M/Y) _____ Nationality _____

Color of Eyes _____ Color of Hair _____ Height _____ Weight _____ Identifying Marks or Scars _____

PRE-DENTAL TECHNICIAN EDUCATION

Secondary School

Name _____ Location _____ Last Grade _____ Dates _____ to _____
(D/M/Y)

Colleges or Universities Attended before Dental Technician Program

Name of Institution _____ Location _____ Diploma _____ Dates (D/M/Y) _____
_____ From _____ to _____

Additional Information _____

DENTAL TECHNICIAN EDUCATION

Name of School _____ Location _____ Diploma or Degree _____ Dates (D/M/Y) _____
_____ From _____ to _____

TECHNICIAN EXPERIENCE – List of 4 years of Experience as a Dental Technician

Supervisory Technician

Laboratory

Address

Year 1 _____

Year 2 _____

Year 3 _____

Year 4 _____

SPECIALTY EXPERIENCE

Specialty

Year 1

Name & Address of Laboratory

Year 2

Name & Address of Laboratory

Prosthetic _____

Chrome Cobalt _____

Orthodontic _____

Crown & Bridge _____

Ceramic _____

LICENCE

Jurisdiction

Licence No.

Dates (D/M/Y)

List other jurisdictions _____ From _____ To _____
where you are or were
licensed to practice _____ From _____ To _____
as a Level II Dental Technician

TECHNICIAL EXPERIENCE INFORMATION

Name

Address

Dates (D/M/Y)

List names and addresses _____ From _____ To _____
of dentists by whom you
were employed since _____ From _____ To _____
graduation _____ From _____ To _____

Additional Information

LICENCE STATUS

Has any licence entitling you to practice as a Dental Technician ever been revoked or suspended ? Yes _____ No _____
If yes, give full details: _____

CRIMINAL OFFENCE

Have you ever been convicted of, or indicted for any crime? Yes _____ No _____
If yes, give full details _____

ILLNESS

Do you currently suffer from a physical or mental disease or disorder which compromises your ability to practice safely?
Yes _____ NO _____. If you answered "yes" please provide details:

**Please paste a bust photograph of the applicant,
eg. Passport sized photo, taken not more than six months before the date of the application**

NAME

Has your surname ever been changed? Yes _____ NO _____

Date and place of such change _____

Original surname _____

DECLARATION

I Solemnly declare:

That, if granted a licence to practice as a Dental Technician in Newfoundland and Labrador, I will practice ethically and maintain the dignity and honour of the profession and comply with all the regulations and by-laws pursuant to the Newfoundland and Labrador Dental Act 2008.

That I agree that, should any complaint be made against me to the Newfoundland and Labrador Dental Board in regard to my conduct in the carrying on of my profession, the hearing of such complaint shall be held in the City of St. John's

I make this solemn declaration, conscientiously believing all the above statements to be true and knowing that it is of the same force and effect as if made under oath.

Taken and declared before me in the Judicial District of _____ in the Province of _____ this _____ day of _____ 20 _____.

Signature & Seal of Notary Public, Lawyer, Commissioner of
Oaths or Justice of the Peace

Signature of Applicant

I hereby authorize the Newfoundland and Labrador Dental Board to include information regarding my licensure in a Dental Directory that may be published.

Signature: _____