

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 LICENCED DENTIST

(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 EDUCATION

Secondary School

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

Colleges or Universities Attended before Dentistry Program

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

Additional Information _____

DENTAL EDUCATION

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

POST GRADUATE DENTAL TRAINING

Other schools attended after graduation

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

Additional Information _____

NATIONAL DENTAL CERTIFICATION

National Dental Examining Board Certificate No _____ Date Granted _____
 (Enclose Copy)

LICENCE

	<u>Jurisdiction</u>	<u>Licence No.</u>	<u>Dates (D/M/Y)</u>
List other jurisdictions where you are or were licensed to practice dentistry	_____	_____	From _____ To _____
	_____	_____	From _____ To _____
	_____	_____	From _____ To _____

PRACTICE LOCATIONS

	<u>Address</u>	<u>Dates (D/M/Y)</u>
List all locations in which you have practiced dentistry since graduation	_____	From _____ To _____
	_____	From _____ To _____
	_____	From _____ To _____

Additional Information _____

PRACTICE INFORMATION

	<u>Name</u>	<u>Address</u>	<u>Dates (D/M/Y)</u>
List names and addresses of dentists by whom you were employed since graduation	_____	_____	From _____ To _____
	_____	_____	From _____ To _____
	_____	_____	From _____ To _____

Additional Information

**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 _____

CITIZENSHIP

State citizenship _____

If Canadian, please provide proof, if not please provide authorization issued by Citizenship and Immigration Canada which permits you to engage in the practice of dentistry in Canada.

LICENCE STATUS

Has any licence entitling you to practice dentistry 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:

DECLARATION

I Solemnly declare:

That, if granted a licence to practice Dentistry 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

That attached hereto are two certificates as to my character.

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: _____