



Application

For the Use of Botulinum Toxin C (Type A) and Esthetic Therapies

This application is to be completed by dentists registered and licensed by the Newfoundland and Labrador Dental Board who wish to perform treatment of patients under the Standard of Practice No.7 for the Use of Botulinum Toxin (Type A) and Esthetic Therapies in Dental Practice.

Applicants must include with this application supporting documents that verifies their training to the Newfoundland and Labrador Dental Board. This information will be reviewed by the Standard & Review Committee to determine if the applicant's training and credentials meet that Level of the Standard of Practice No.7. Certificates will be issued to applicants who meet the requirements for that Level.

I am applying for the following certification level and request that the Standard & Review Committee review my application and supporting documents for:

- | | | |
|----------|--|--------------------------|
| Level 1: | Applied Anatomy Review and Introduction to Neuromodulators | <input type="checkbox"/> |
| Level 2: | Basic Neuromodulators: Upper Face and Bruxism Treatment | <input type="checkbox"/> |
| Level 3: | Advanced Neuromodulators: Mid-Face and Lower Face/Neck Regions and Myofascial Pain and Dysfunction Treatment | <input type="checkbox"/> |
| Level 4: | Dermal Fillers: Facial Dermal Fillers, and Neuromodulators for Deep Muscles of Mastication | <input type="checkbox"/> |
| Level 5: | Advanced Non-surgical Esthetic Procedures | <input type="checkbox"/> |
| Level 6: | Advanced Surgical Esthetic Procedures | <input type="checkbox"/> |

I declare that the contents of this application are true and complete to the best of my knowledge and belief. I also declare that I will abide by the continuing requirement of Standard of Practice No.7. A failure to do so will result in the revocation of the permit.

A Fee of \$100 must accompany the application.

Signature: _____ Date _____

(Please Print Name): _____ Registration # _____