

**NEW BRUNSWICK DENTAL SOCIETY**

P. O. Box 488 Station "A"

Fredericton, N. B.

E3B 4Z9

Tel: (506)452-8575 Fax: (506)452-1872



FOR OFFICE USE	
Date application received:	_____
Approved by:	_____
Date license granted:	_____
Registration No.	_____

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

**APPLICATION FOR REGISTRATION**

**(Please Print)**

**PERSONAL DATA**

- NAME \_\_\_\_\_  
*(First)*
*(Middle)*
*(Surname)*
- BUSINESS ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_
- PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: *(M/D/Y)* \_\_\_\_\_

**PRE-DENTAL EDUCATION**

- SECONDARY SCHOOL (Last one attended):  
NAME \_\_\_\_\_ LOCATION \_\_\_\_\_
- COLLEGES OR UNIVERSITIES ATTENDED:  

Name of Institution	Location	Diploma or Degree	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DENTAL EDUCATION**

- DENTAL SCHOOL ATTENDED:  

Name of Institution	Location	Diploma or Degree	Dates	
			From	To
_____	_____	_____	_____	_____

7. GRADUATE DENTAL SCHOOLS ATTENDED:

Name of Institution	Location	Diploma or Degree	From	Dates	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ARE YOU A MEMBER/FELLOW (i.e. Part I/Part II) of the RCDC? IF YES, WHAT CATEGORY?

\_\_\_\_\_

8. NDEB CERTIFICATE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

(Attach copy)

**NAME**

9. HAS YOUR SURNAME EVER BEEN CHANGED?  
IF YES, DATE AND PLACE OF SUCH CHANGE \_\_\_\_\_

ORIGINAL SURNAME \_\_\_\_\_

**LICENSE**

10. LIST OTHER JURISDICTIONS WHERE YOU ARE OR WERE LICENSED TO PRACTISE.  
\_\_\_\_\_

**PROVISIONAL LICENSE**

11. HAVE YOU HELD A PROVISIONAL LICENSE WITH THE NEWFOUNDLAND & LABRADOR DENTAL BOARD?  
IF SO, PROVIDE DETAILS. \_\_\_\_\_

**PRACTICE LOCATIONS/INFORMATION**

12. LIST ALL LOCATIONS IN WHICH YOU HAVE PRACTISED DENTISTRY SINCE GRADUATION.

Address	From	Dates	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. LIST NAMES AND ADDRESSES OF DENTISTS BY WHOM YOU WERE EMPLOYED SINCE GRADUATION.

Name	Address	From	Dates	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IT IS UNDERSTOOD AND I HEREBY AUTHORIZE AND GIVE CONSENT TO THE NEW BRUNSWICK DENTAL SOCIETY TO CONTACT ANY OF THE ABOVE PRACTICE LOCATIONS.

14. **COMPLETE ONLY ONE OF THE FOLLOWING BOXES:**

**TO BE COMPLETED BY NEW GRADUATES ONLY:**

Certificate of Dean of Dental School Granting Degree

I hereby certify that \_\_\_\_\_ graduated with the degree

of \_\_\_\_\_ In the month of \_\_\_\_\_ 19 \_\_\_\_

I further certify that the photograph which appears on the application is the identical person to whom the said degree was originally issued.

Signature of Dean \_\_\_\_\_

(Seal)

**TO BE COMPLETED BY A PREVIOUSLY LICENSED DENTIST:**

Certificate of Secretary of Licensing Board

I hereby certify that \_\_\_\_\_ was granted Registration Certificate No. \_\_\_\_\_

in the Province/State of \_\_\_\_\_ in the month of \_\_\_\_\_ 19 \_\_\_\_ and furthermore is in good standing at the present time.

Signature of Secretary \_\_\_\_\_

(Seal)

**PROFESSIONAL LIABILITY INSURANCE**

15. STATE PROFESSIONAL LIABILITY (MALPRACTICE) INSURANCE CARRIER \_\_\_\_\_

\_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ (Attach proof of malpractice insurance coverage)

**LICENSE STATUS**

16. HAS ANY LICENSE ENTITLING YOU TO PRACTICE DENTISTRY EVER BEEN REVOKED OR SUSPENDED?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE FULL DETAILS: \_\_\_\_\_

**CRIMINAL OFFENCE**

17. HAVE YOU EVER BEEN CONVICTED OF, OR INDICTED FOR ANY CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE THE FACTS IN THIS CASE: \_\_\_\_\_

**ILLNESS**

18. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, DRUG ADDICTION OR ALCOHOLISM?  
YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU FREE FROM CONTAGIOUS OR INFECTIOUS DISEASE? YES \_\_\_\_\_ NO \_\_\_\_\_

GIVE FULL DETAILS: \_\_\_\_\_

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An unmounted bust photograph at least 3" x 3" and not larger than this space, of applicant, taken not more than six months before the date of application, must be pasted in this space.

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**DECLARATION**

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I SOLEMNLY DECLARE:

That, if granted a license 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 and by-laws.

**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

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

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

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

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

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*A Commissioner for Oaths, Notary Public, etc.*