

THE NEW BRUNSWICK DENTAL SOCIETY

520 King Street, #820
P.O. Box 488, Station "A"
Fredericton, N.B.
E3B 4Z9

Head & Shoulders
Photograph
Must be affixed
here

Application for Registration Certified Level II Dental Assistant

*(All information requested in this application **must be provided**; if application is not complete it will be returned or rejected. **Registration fee must accompany this form**). Every false statement knowingly made by the applicant in this paper, or connived by him/her in any clause in this application, is good cause for rejection of application or for revocation of registration and licence.*

Name in full: _____ Maiden Name _____

Address (residence): _____

_____ Postal Code: _____

Address: (office) - c/o Dr. _____

_____ Postal Code: _____

Residence Tel _____

Office Tel _____

Place of Birth: _____

Date of Birth (M/D/Y): _____

Dated at _____ this ____ day of _____ 20 ____.

Signature of Applicant

PRESENT STATUS MUST BE: Certified Level II dental assistant who is a graduate of an accredited program possessing NDAEB Certificate Level II and a member in good standing with the New Brunswick Dental Assistants Association.

ACCREDITED LEVEL II DENTAL ASSISTING PROGRAM ATTENDED:

<u>Institution</u>	<u>City</u>	<u>Dates Attended</u>		<u>Diplomas/Certificate**</u>
		From:	To:	
_____	_____	_____	_____	_____

OTHER DENTAL ASSISTING PROGRAMS ATTENDED:

<u>Institution</u>	<u>City</u>	<u>Dates Attended</u>		<u>Diplomas/Certificate**</u>
		From:	To:	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Proof of successful completion of the above programs and membership with the *New Brunswick Dental Assistants Association* must accompany this application.

Are you licensed elsewhere to practise dental assisting? _____

If YES, state where: _____
(Provide letter of good standing from provincial licensing board)

Give addresses of ALL locations with dates, showing length of time spent in each location in which you have practised since graduation:

Has any licence entitled you to practise dental assisting ever been suspended or revoked? If YES, explain:

I HEREBY MAKE APPLICATION to become registered as a level II dental assistant with the New Brunswick Dental Society, as provided under the Act Respecting the New Brunswick Dental Society 1985, I do not know of any reason, condition or circumstance that I should not be granted a licence to practice as a level II dental assistant in this province and if granted one I will faithfully and truly submit and conform myself to and obey, observe, fulfill and keep all the Rules, Orders and Regulations of the New Brunswick Dental Society.

Signature of Applicant

AFFIDAVIT

I make this solemn declaration, conscientiously believing all the foregoing statements to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act, 1893".

Signature of Applicant

Taken and declared before me and certified that the photograph on this application is the likeness of the applicant

in the City of: _____

Province of: _____

This _____ day of _____ 20 _____

A Commissioner of oaths, Notary Public, etc.