



THE COLLEGE OF DENTAL TECHNICIANS OF BRITISH COLUMBIA

N208 – 5811 Cooney Road, Richmond, BC V6X 3M1
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Website www.cdt.bc.ca

2012/2013 RENEWAL APPLICATION – Dental Technician

Please sign, date and return this application form with your payment.

An applicant who remits payment after February 29, 2012 will be subject to an additional late payment penalty fee of \$150.00.

I (PRINT NAME) \_\_\_\_\_ hereby apply to the College of Dental Technicians of BC for renewal of registration, and attest to and acknowledge the following:

\* Please note that the College at its discretion may require an applicant to submit proof of the following.

(please check the applicable boxes)

A. Practice\* for more than 675 hours [Bylaw 33(1)(f),(g)]

[ ] I have satisfied the practice requirement of the Bylaws.

\* Please note that practice includes supervising other registrants, teaching dental technology or being directly employed in the business of dental technology.

B. Professional Liability Insurance [Bylaw 57]

The Bylaws require all Registered Dental Technicians to have professional liability insurance coverage in an amount of at least \$1,000,000 per loss.

- If you do not have your liability insurance through either the Dental Technicians' Association of BC or E&O Resources Group, you will be required to provide evidence to the College of having obtained the required liability insurance in order to renew your registration.

I ALSO ACKNOWLEDGE THAT:

- I am required to comply with the Health Professions Act, Dental Technicians Regulation and Bylaws of the College of Dental Technicians of British Columbia.
I am aware that I must obtain at least 30 hours of Continuing Education Credits in the 3-year CE Cycle ending on February 28, 2014.
I must immediately notify the Registrar of any change of address, name or any other information previously provided to the College.

Please note that a registrant's name, registration class, business address and business telephone number, are all public information and form the Register.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To ensure that the College's records are current, please provide the following contact information:

Table with 2 columns: HOME and WORK. Rows include ADDRESS, CITY, POSTAL CODE, CELL #, TEL. #, FAX #, and EMAIL.

You may elect to have College mail delivered to your place of work or to your home. I WOULD LIKE MY MAIL FROM THE COLLEGE SENT TO: Home [ ] Work [ ]