



CERTIFIED DENTAL ASSISTANT ANNUAL CERTIFICATION RENEWAL INSTRUCTIONS

Please find enclosed your Annual Certification Renewal form. The form and fee are due on or before **March 1, 2010**. As CDSBC is now under the *Health Professions Act*, there have been changes to the annual renewal process. **Please review this entire document to understand these changes and how they may affect you.**

2010 – 2011 ANNUAL REGISTRATION CATEGORIES	FEE
Practising CDA	\$100
Non-practising CDA*	\$50
Retired (includes subscription to <i>Sentinel</i> newsletter)	\$25

*Non-practising CDAs are not required to fulfill any continuing education requirements, however these requirements must be met prior to applying for transfer to practising certification, as though the applicant had been a practising CDA for the period since the CDA held practising certification.

The annual certification fee may be paid by:

- attaching a cheque or money order – payable to CDSBC.
- credit card – payment option must be completed on the renewal form, or
- cash – *only if paid in person* at the CDSBC office Monday to Friday 8:00am – 4:00pm.

Note:

- **Any and all outstanding fees must be paid to CDSBC for certification to be processed.**
- **Incomplete renewal forms will be returned unprocessed.**
- **Renewal cards and tax receipts will be mailed within 2-3 weeks.**

<p>Renewal Checklist</p> <p><input type="checkbox"/> Have you answered all the questions on the renewal form?</p> <p><input type="checkbox"/> Have you signed the renewal form?</p> <p><input type="checkbox"/> If your CE cycle ended Dec. 31, 2009, have you confirmed that your CE requirements have been met?</p> <p><input type="checkbox"/> Have you attached your payment?</p>
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Lapsed Certification

CDAs are not permitted to perform the services of a CDA with lapsed certification.

Certification will lapse *immediately* if any of the following occur:

- Renewal form and payment are received after March 1, 2010.
- Cheque received is returned "Not Sufficient Funds" (NSF) by bank or credit card is declined.
- CE requirements have not been met.
- Continuous Practice requirements have not been met.

Reinstatement of Lapsed Certification – See the Reinstatement of Lapsed Certification form at www.cdsbc.org/renewal for details regarding this process and applicable fees.

Change of certification category – To transfer from non-practising to practising certification, visit www.cdsbc.org/renewal to download the Application for Transfer. Complete that application and *attach it to this renewal form*. Submit both forms to CDSBC along with all applicable fees.

Continuous Practice Requirements – For information, visit www.cdsbc.org.



Name _____ Certification number _____

**CERTIFIED DENTAL ASSISTANT
2010 – 2011 ANNUAL CERTIFICATION RENEWAL**

1. Certification Category or Change of Status

- Practising** **Non-practising** **Retired** **Resigned**

If retiring or resigning:

- I wish to retire or resign my certification with CDSBC and I declare that I will not practise as a certified dental assistant (CDA) in B.C. after March 1, 2010.

Initial here _____

If holding or transferring to non-practising certification:

- As a non-practising certified dental assistant, I declare that I will not perform the services of a certified dental assistant without first converting my certification to practising status.

Note: Practise includes work in dental education, research and the provision of clinical care.

Initial here _____

2. Contact – Home

Address _____ Phone _____

City _____ Cell _____

Province _____ Postal Code _____ Email _____

Contact – Practice

Address _____ Phone _____

City _____ Fax _____

Province _____ Postal Code _____ Email _____

3. Privacy and Security

The information you provide here relates to the operations of CDSBC under the *Health Professions Act* for the purpose of regulating the practice of certified dental assisting in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), CDSBC provides security and confidentiality of your personal information.

Consent Levels for Release of Information

One box must be selected or the default will be **Level 1**

Level 1 (Required by law)

- Includes your name and whether you are a certified dental assistant or former certified dental assistant. Also includes your class of certification, and any additional qualifications you acquired and of which the Registrar has been notified. Any limits or conditions placed on your entitlement to provide the services of a CDA, or any notations or revocation or suspensions on your certification may be released to the public.
- Personal information is for internal CDSBC use only.

Level 2 (Professional organizations only)

- Includes **Level 1, plus** personal contact information, which may be released to the Certified Dental Assistants of BC (CDABC).

Level 3 (Professional purposes only)

- Includes **Levels 1 & 2, plus** personal contact information, which may be released to third parties for professional purposes only.
- Professional purposes may include CE opportunities, dental conferences, and information from component societies or about individual CDSBC election campaigns.
- This does not include commercial enterprises providing products or services.

4. Continuous Practice Hours

I have practised as a certified dental assistant for _____ hours* during the period of January 1, 2007 through February 28, 2010.

*200 hours minimum required to maintain practising certification for 2010 – 2011. Please provide an estimated number of hours if you do not have precise information.

Note: Practise includes work in dental education, research and the provision of clinical care.

5. Signature **FORM MUST BE SIGNED**

I confirm that the information given on this form is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Your certification cannot be renewed without your signature.

Payment by VISA or MasterCard Authorizing signature is required – phone payment not accepted

Name of Certified Dental Assistant: _____ CDSBC Certification #: _____

VISA MasterCard Card Number: _____

Cardholder's Name: _____ Expiry Date: _____
(please print) *m / y*

Cardholder's Signature: _____ Amount: \$ _____

RETURN FORM AND PAYMENT BY MARCH 1, 2010
Make sure you have signed this form and enclosed payment