

NEWFOUNDLAND AND LABRADOR DENTAL BOARD

Suite 204, 49-55 Elizabeth Avenue
St. John's, NL, A1A 1W9
Tel: (709) 579 – 2391



Date Received: _____

Approved By: _____

Date: _____

Registration Number: _____

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

APPLICATION FOR CERTIFICATION (PLEASE PRINT)

Name of Specialty _____

PERSONAL DATA

Name _____
(First) (Middle) (Surname) (Gender)

Business Address _____
_____ POSTAL CODE _____ Tel: _____ Fax: _____

Home Address _____
_____ POSTAL CODE _____ Tel: _____ Fax: _____

E-Mail Address: _____

Place of Birth _____ Date of Birth(D/M/Y) _____ Nationality _____

Color of Eyes _____ Color of Hair _____ Height _____ Weight _____ Identifying Marks or Scars _____

DENTAL EDUCATION

Name of School	Location	Diploma or Degree	Dates (D/M/Y)
_____	_____	_____	From _____ to _____

OTHER DENTAL SCHOOLS ATTENDED

Other dental schools or teaching hospitals attended after graduation	Diploma or Degree	(D/M/Y)
Name _____	Location _____	From _____ to _____

OTHER DEGREES

Other Degrees

Colleges or Universities Attended

Name of Institution

Location

Diploma or Degree

Dates (D/M/Y)

_____ From _____ to _____

_____ From _____ to _____

Additional Information _____

NATIONAL DENTAL CERTIFICATION

National Dental Examining Board Certificate No _____ Date Granted _____

(Enclose Copy)

NATIONAL DENTAL SPECIALTY CERTIFICATION

National Dental Specialty Examination Certificate No _____ Date

Granted _____

(Enclose Copy)

Other experience or training in chosen Specialty:

Academic Appointments: _____

Provide Details:

Have you been certified elsewhere? _____

Provide Details:

Provide details of any research conducted, giving the title, sponsor, funding:

Give names and addresses of three references from the Graduate Department or Hospital where you received your training:

List your contributions to your Specialty either by clinics or articles published:

How many years have you devoted to the general practice of dentistry? _____
Provide Details:

ILLNESS

Do you currently suffer from a physical or mental disease or disorder which compromises your ability to practice safely?
Yes _____ NO _____. If you answered "yes" please provide details:

Comments or elaborations of any points:

Are you a registrant in good standing with the Newfoundland and Labrador Dental Board? Yes ____ NO ____

Are you a Fellow of the Royal College of Dentists of Canada? Yes ____ NO ____

Having carefully read the rules and regulations, I agree to abide by the same and hereby make application for certification to hold myself out as a Specialist in the Province of Newfoundland and Labrador believing the statements herein contained to be true.

The current fees for certification accompanies this application.

Taken and declared before me in the Judicial District of _____ in the Province of _____ this _____ day of _____ 20 _____.

Signature & Seal of Notary Public, Lawyer, Commissioner of Oaths or Justice of the Peace

Signature of Applicant

Note: Please attach (1) Proof of successful completion of Approved Graduate Courses:
(2) Transcripts of all courses and grades obtained:
(3) A Letter of Reference from the Director of Graduate Program.