



**COLLEGE OF DENTAL TECHNICIANS
OF BRITISH COLUMBIA**

Suite 900, 200 Granville Street, Vancouver BC V6C 1S4
Telephone 604-742-6561 Fax 604-899-0794
Website www.cdtbc.ca

2022/2023 RENEWAL APPLICATION – Dental Technician Assistant

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

**An applicant who remits payment after February 28, 2022
will be subject to an additional late payment penalty fee of \$75.00.**

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

- *As a member of a regulated health profession, with the privileges of self-regulation, I am required to comply with the Health Professions Act, Dental Technicians Regulation and Bylaws of the College of Dental Technicians of British Columbia.*
- *In order to provide dental technology services in BC under supervision, I must be registered with the College of Dental Technicians of British Columbia.*
- *I must immediately notify the Registrar of any change of address, name or any other information previously provided to the College.*

Please note that the 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:

HOME		WORK	
ADDRESS:		LAB NAME:	
CITY:		ADDRESS:	
POSTAL CODE:		POSTAL CODE:	
CELL #:		CITY:	
TEL. #:	FAX #:	TEL. #:	FAX #:
EMAIL:		EMAIL:	