



**THE 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

**2019/2020 RENEWAL APPLICATION
Non-Practicing Dental Technician**

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

**An applicant who remits payment after February 28, 2019
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 provide additional documentation to support their application.*

(please confirm your understanding of the restriction on your registration by checking the box)

Declaration for Non-Practicing Registration

I acknowledge that I must not provide any of the services of the profession of dental technology in British Columbia, including supervising other registrants, while registered as a Non-Practicing Dental Technician.

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.*
- *The College cannot process my renewal application unless I have authorized a Criminal Record Check as required by the Criminal Records Review Program and the Bylaws of the College [section 33. (5)] within the last five years.*
- *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:

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