



**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](http://www.cdtbc.ca)

**2020/2021 RENEWAL APPLICATION  
Non-Practicing Dental Technician**

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

An applicant who remits payment after February 29, 2020 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: