



**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

2021/2022 RENEWAL APPLICATION – Dental Technician

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

An applicant who remits payment after February 28, 2021
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 submit proof of the following.

(please check the applicable boxes)

A. Practice* for more than 675 hours [Bylaw 33(1)(f),(g)]

I have satisfied the practice requirement of the Bylaws.

* Please note that practice includes supervising other registrants, teaching dental technology or being directly employed in the business of dental technology.

B. Professional Liability Insurance [Bylaw 57]

The Bylaws require all Registered Dental Technicians to have professional liability insurance coverage in an amount of at least \$1,000,000 per loss.

- You may be required to provide evidence to the College of having obtained the required liability insurance in order to renew your registration.

C. Continuing Education Requirement [Bylaw 36]

I am aware that I must obtain a minimum of thirty (30) hours of Continuing Education Credits as required by the Bylaws in each three-year CE Cycle.

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:	