



**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)

**2019/2020 RENEWAL APPLICATION – Dental Technician Student**

**Please sign, date and return this application form to the College.**  
**Application forms must be received by the College office no later than February 28, 2019.**

**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:

<b>HOME</b>	<b>SCHOOL</b>
<b>ADDRESS:</b>	<b>NAME:</b>
	<b>Enrolment (month/year):</b>
<b>HOME#:</b> <b>CELL #:</b>	<b>Are you working in a dental lab?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>EMAIL:</b>	<b>If yes, lab name:</b>