



**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

2020/2021 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 29, 2020.

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