

**APPLICATION FORM FOR A DENTURIST LICENSE**

**PROVINCE OF NOVA SCOTIA**

**CURRENTLY LICENSED DENTURIST**                      **YES** \_\_\_\_ **NO** \_\_\_\_

**IF YES, IN WHICH PROVINCE:** \_\_\_\_\_

Surname:

Given Name:

\_\_\_\_\_  
Date of Birth: (day /month/ year)

\_\_\_\_\_  
Place of Birth:

\_\_\_\_\_  
Gender:

**Immigration Status:**

Yes \_\_\_ No \_\_\_

**Canadian Citizen:**

(If yes, please provide copy of birth certificate/citizenship papers)

Yes \_\_\_ No \_\_\_

**Landed Immigrant:**

**Residence:**

Street Address

\_\_\_\_\_  
City                      Prov.                      Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Facsimile

**Business/Practice:**

Street Address

\_\_\_\_\_  
City                      Prov.                      Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Facsimile

**Spoken:**

English                      \_\_\_

French                      \_\_\_

Other \_\_\_\_\_

Please Specify

**Written:**

English                      \_\_\_

French                      \_\_\_

Other \_\_\_\_\_

Please Specify

**Each Application Must Include the Following:**

- passport photographs with Candidate=s name in block letters and signature on the reverse side
- a certified copy of birth certificate
- complete official transcripts of marks at college or university level
- application form duly completed
- an attestation that the candidate holds a recognized diploma/license in accordance with the Agreement on Labour Mobility (only applicable to individuals registered in another Canadian jurisdiction)
- authorization for collection of information

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently practicing or have you ever practiced Denturism in another province, Canadian territory or foreign country? If yes, specify:  
Board \_\_\_\_\_ Lic./Reg# \_\_\_\_\_  
Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted of an offence under the Criminal Code of Canada?

Yes \_\_\_\_\_ No \_\_\_\_\_ Any other country?  
If yes, specify: Date of judgement: \_\_\_\_\_  
Nature of Infraction: \_\_\_\_\_  
Sentence: \_\_\_\_\_  
File No: \_\_\_\_\_ Court: \_\_\_\_\_  
Province: \_\_\_\_\_ District: \_\_\_\_\_

Yes\_ \_\_\_\_\_ No\_ \_\_\_\_\_ Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity?

Yes\_\_ \_\_\_\_\_ No \_\_\_\_\_ Has your license to practice Denturism in any jurisdiction ever been revoked or suspended?  
If yes, specify: Date \_\_\_\_\_  
Reason \_\_\_\_\_

Yes \_\_\_ No \_\_\_

Do you have, or have you ever been treated for a mental illness, drug addition, or alcoholism that could affect your ability to practice Denturism?

If yes, specify: Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Treating Practitioner(s): \_\_\_\_\_

References (at least 3): - Name and Contact Information

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Previous employment for last 5 years: (attach listing if necessary)

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Education: Secondary

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Post

Secondary

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Name and address of denture clinic where you are to practice:

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Clinic Name

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Street Address

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City/Town

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Postal Code

Telephone

Facsimile

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Email Address

Particulars of licenses to practice denturism issued in other provinces or territories of Canada

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Have you ever been refused a license to practice denture technology?

Yes

No

If yes, specify:

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Applicants shall complete all questions. Any questions that are not applicable shall be completed by inserting the words *Not applicable*. Applicants shall submit evidence of satisfactorily completing a course of training in denture technology which course has been approved by the Board.

Please attach passport photo Ensure that candidate=s name in block letters and signature are on reverse	Please attach passport photo Ensure that candidate=s name in block letters and signature are on reverse
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The candidate agrees that he/she fully intends to fulfill the mandate for registration/ licensure within six months following the date of their approved application.

I commit to comply with the provisions of the Denturist Act and Regulations Respecting Denturists for the Province of Nova Scotia, a copy of which I acknowledge receiving.

I, \_\_\_\_\_ the applicant, declare that the information contained herein is true and complete and I authorize the Registrar for the Denturist Licensing Board of Nova Scotia to verify the facts stated in this application.

In witness thereof, I have signed

at \_\_\_\_\_  
place

on \_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Applicant