

College of Alberta Dental Assistants

Annual Renewal

Guide for Transferring from Registered to Leave of Absence (non-practicing)

This guide will show you, step-by-step, how to transfer your registration from Registered to Leave of Absence (non-practicing).

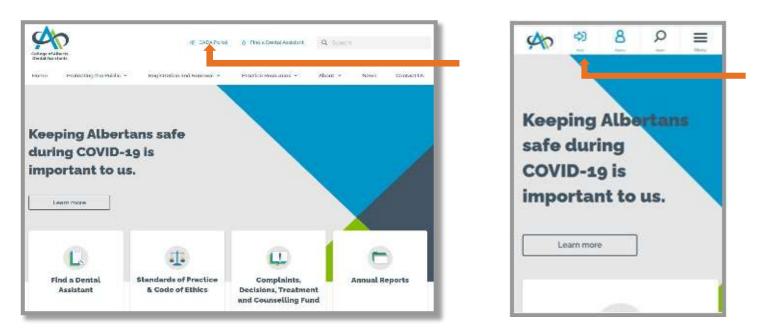
First Log In to the Portal

To begin, you need to log in to the Portal to access your Practice Permit Renewal Application form.

We start with the steps for getting logged in to the Portal. You can skip past the log in steps by clicking here.

Logging in to the portal

You need to go to our CADA Portal to login. To get there, go to our website abrda.ca and click CADA Portal.



You will now be at the CADA Portal.

Enter the email address you have registered with the College (it is the email address you use to receive all CADA information).

Enter your password. Click Sign In.

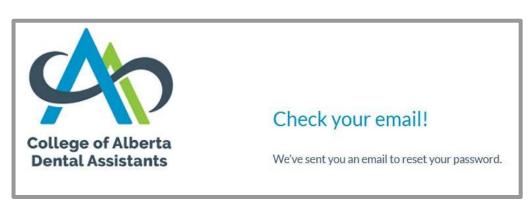
	CADA Portal
	🏝 Email
College of Alberta Dental Assistants	Password
	Sign In> Forgot Password
	Are you a new applicant? Activate now!

Forgot your password?

If you have forgotten your password, click "Forgot Password" and enter your email address to receive the email with a link to reset your password.

	Forgot your Password?
	Don't worry! Just enter your email below and we'll send you a link to reset your password.
College of Alberta Dental Assistants	🖾 Email
	Reset Password> Cancel

Check your email for the link to reset your password.



The email with the link to set your password will look like this. Click on Click Here.



You will now be at the Reset Password screen.

You will need to create a password that is unique to you. It must be a "strong" password (not weak or good).

Make sure you enter the same password in the New Password field and in the Confirm New Password field.

Click on the Submit button.

Cology of Alberts	-en Serio	
Reset Password		Reset Password
Now Password	••••••	Now Passward
	Strong	Shrang
	Well only accept your password if the rating shows "Strong". Your password dread be at least 5 characters, contain a minimum of one upper case letter, one number and one special character. If you've got those and it's still not "Strong" try adding more characters	We'll only ensage year password! The rating elows" Storing". Your observed must be of reset & characters, contains minimum of one upper case write, one cumpler and one special districtive. It you've got increases (the HU) not "Scrong" by adding more characters.
Confirm New Password	••••••••	Contrim New Password
Sybrit		••••••••••••••••••••••••••••••••••••••

Now that you've successfully reset your password, you will be at the Security Questions screen.

IMPORTANT NOTES

- Each time you sign in you must answer one of your Security Questions. This is two-stage authentication.
- The answer fields below and when you sign in are **case sensitive**. The way you enter your answers here is how you must enter them each time you sign in.

Select three different security questions from the dropdown options and enter your answer for each question.

Click on the Submit button.

Two-Stage Authenticat	ion: Security Questions	
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Security Cycolic 9.2.*	Select_	
nar en l		
er af ly Gersländt*	siko	
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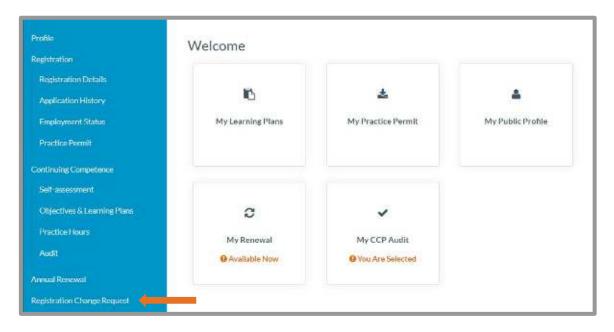
Two-Stage Authenti	cation: Security Questions
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security question a *	
Select.	
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Searchy Question S *	
Selves.	
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Anator *	
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Silvi.	
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Once you have logged in, during renewal time, your home page will look like this:

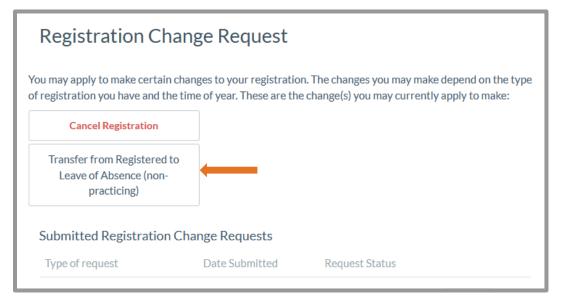
Profile Registration	Welcome		
Registration Details Application History Employment Status Practice Permit Continuing Competence	Ny Learning Plans	📩 My Practice Permit	A My Public Profile
Self-assessment Objectives & Learning Plans Practice Hours Audit Annual Renewal Registration Charge Request	C My Renowal Ø Available Now	My CCP Audit You Are Selected	

Registration Change Request

If you will not be practicing during the upcoming renewal year, click on **Registration Change Request**.



Select the option "Transfer from Registered to Leave of Absence (non-practicing)".



Apply to Transfer from Registered to Leave of Absence (non-practicing)

This page gives you information about the requirements you must meet to qualify for Leave of Absence (non-practicing) status.

Click Next.

Apply to Transfer from Registered to Leave of Absence (non-practicing)
Use this form to apply to transfer from Registered (practicing) status to Leave of Absence (non- practicing) status.
You must meet these requirements to qualify for Leave of Absence (non-practicing) status:
1. complete the current year Competence Program requirements
2. complete the Patient Relations Learning Module final exam
3. confirm your eligibility for non-practicing status
4. submit this application form, the Transfer Fee and the annual Leave of Absence (non-practicing) Fee
Fee Information
Next>

Eligibility for Leave of Absence (non-practicing)

Select the reason for the leave of absence.

Read the acknowledgement statement and check the box.

Click Next.

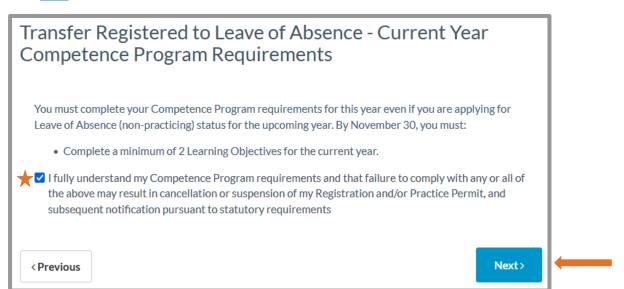
Eligibility for Leave of Abse	nce (non-practicing)	
Select the reason for the leave of absence from	n the following options (drop-down):	
Reason *	Select	~
in Alberta and either require or benefit fro dental hygiene, dental administration, heal	ervices which are directly connected to the denta m a dental assisting background (eg. dental assis th authorities, dental insurance, dental sales, der ming registration year December 1 to Novembe	ting, ntal labs,
< Previous		Next>

Current Year Competence Program Requirements

This page lists the competence requirements you need to complete for this year even if you are applying for Leave of Absence (non-practicing) status for the upcoming year.

Read the acknowledgement statement and check the box.

Click Next.



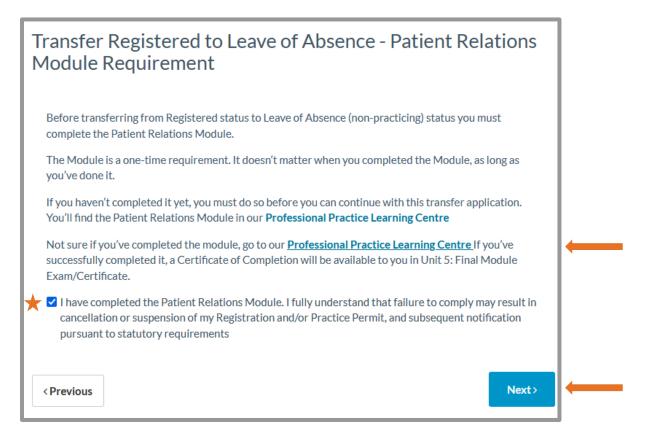
Patient Relations Module Requirement

The Patient Relations Module is a one-time requirement. Before renewing your Practice Permit you must complete the Module. If you haven't done it yet, you can access it in the Professional Practice Learning Centre (PPLC).

If you're not sure you can check the PPLC to see if you've already completed it. Open the Patient Relations module and go to Unit 5: Final Module Exam/Certificate. If you've successfully completed it, a Certificate of Completion will be available to you.

Read and check the acknowledgement statement.

Click Next.

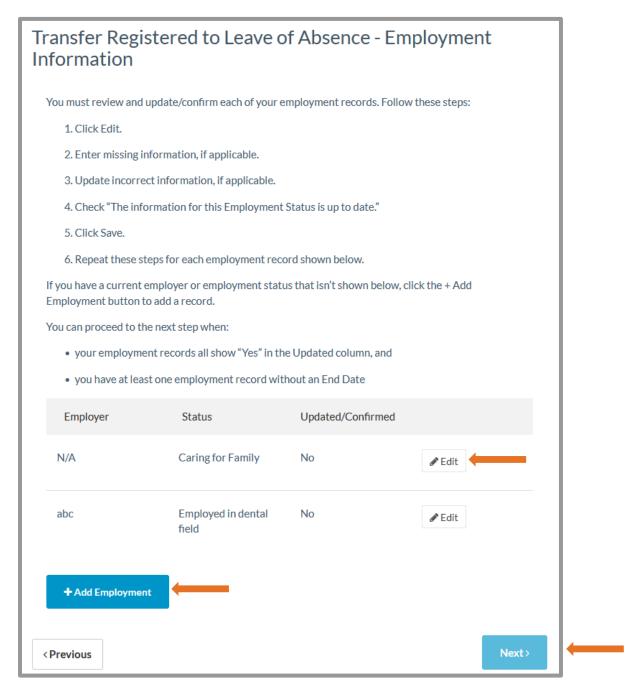


Employment Information

You need to review and update/confirm each of your employment records.

- If any of your employment records are no longer current, add an end date.
- Update/correct information in your current employment records. (Note that you can't edit some fields like Employer Name. If the practice you work at changed names, add a new employment record with the current information.)
- Add records as needed to show your current information.

If you have a current employer or employment status that isn't shown below, click the +Add Employment button to add a record.



When you click the "Edit" button, the Edit Employment screen will open.

Click Save.

After you update your information in the Edit Employment screen, make sure to check the box stating, "The information for the Employment Status is up to date".

Edit Employment		
Enter the last date this employment status ap	plied to you as your End Date.	
Employment Status *		\sim
Start Date *	2021-07-01	<u>ش</u>
End Date *	YYYY-MM-DD	
The information for this Employment State	us is up to date.	
Existing employment details must either ha information.	ave an end date or be flagged as containing up to date	
	X Cancel	

You need to ensure your employment records all show "Yes" in the Updated/Confirmed column, and you have a least one employment record <u>without</u> an End Date.

Applicant's Statement

Read each statement select "I agree" or "I disagree".

For each statement you select "I disagree", a text box will appear for you to provide information.



Applicant's Statement	
For each statement that you check "I Disagree", you must provide a written explanation.	
My Consent	
The information you give us is protected. Refer to the Privacy for more information about Privacy and disclosure. I acknowledge and understand that:	
By submitting this application to the College, I provide my consent to the College to collect, use and disclose my personal information as required for reasonable matters including fulfillment of statutory requirements.	
The College uses service providers to carry out its regulatory functions. By submitting this application to the College, I provide my consent for the disclosure of my personal information by the College to its service providers. This includes my consent for the purposes of the Personal Information Protection Act and the Personal Information Protection and Electronic Documents Act.	
True and Correct Application	
I certify that the information given and made part of this application is true and correct in every aspect.	
My Responsibilities	
I will, as soon as reasonably possible, report the following to the Registrar:	
if another college makes a decision of unprofessional conduct about me	
 if another governing body makes a decision that my conduct constitutes unprofessional conduct 	
if there are any findings of professional negligence against me	
 if I am charged with or convicted of a criminal offence 	
 if there is anything else that may have a negative impact on my fitness to practice dental assisting 	
🖲 lagree 🔿 ldïsagree 🔶	
I will notify the College of name, address and employment information changes.	
● lagree O I disagree	
I will not perform any professional services which are directly connected to the dental industry in Alberta and either require or benefit from a dental assisting background (e.g. dental assisting, dental hygiene, dental administration, health authorities, dental insurance, dental sales, dental education, dental or denture labs) while holding Leave of Absence (non-practicing) status.	
I agree ○ I disagree I	
I will not return to practicing the profession or using the protected titles until my Practice Permit is reinstated.	
I agree O I disagree	
I fully understand my responsibilities and that failure to comply with any or all of the above may result in cancellation or suspension of my Registration and/or Practice Permit, and subsequent notification pursuant to statutory requirements.	
I agree ○ I disagree I	
<previous next=""></previous>	

Terms and Conditions

Read the terms and conditions .

Read and check the acknowledgement statement stating you accept the terms and conditions.

Click <mark>Next</mark>.

Transfer Registered to Leave of Absence- Terms and Conditions	
Please carefully review the following Terms and Conditions:	
You must pay the Assessment Fee. The Assessment Fee is non-refundable.	
• We will assess your application and, within 10 business days, notify you by email of the result of our assessment.	
• If we notify you that you meet the eligibility requirements for registration, you must return to your online application and pay the Leave of Absence Fee. The Leave of Absence Fee is non-refundable.	
• You must meet all eligibility requirements in this application and make your application complete before your Practice Permit expires. If you do not complete all requirements, including payment of the Leave of Absence Fee, within that period your application will expire, and you will forfeit the Assessment Fee. If you begin a new application in the future, you must pay the Assessment Fee again.	
Our registration cycle begins December 1 and ends on November 30 of the following year.	
Fees are subject to change at any time.	
• The official receipt of payment will only be issued in the name of the registrant.	
Our policies are subject to change without notice.	
Acknowledgment	
<previous next=""></previous>	

Assessment Fee Payment

Enter your information to submit your assessment fee payment. The fee is \$25.00 (plus GST)

Click Process Payment.

Assessment Fee Payment				
The Fee is non-refundable. Fees are subject to change a	at any time.			
Summary		(\$)	Amount	
Registration Change Assessment Fee		25	.00	
GST		1.2	25	
Total		26	.25	
Credit Card Payment				
Enter the required information in the following field will be processed immediately and securely online.	ls and click Process Payment t	o complete	your payment. Yo	our fees
Cardholder Name *				
Credit Card Number *				
Credit Card Type *	Select			~
Expiration Date *	January	~	2022	~
Security Code (3 digits on back of card) *				
			Process Pay	yment
✓Application to transfer from Registered t	o Leave of Absence (no	n-practici	ing) Submitte	d

Your application is now complete! It may take up to 10 business days for us to review your application.

After we assess your application, we will send you another email. That email will tell you the results of our assessment and what steps you need to take next.

Remember to watch for email from us!

Printing your Receipts

To print your receipt, click on Invoices and Receipts in the menu.

Click on "Review" to open the receipt, then click on the print icon.

Have questions? Need help? Email application@abrda.ca or call 780-486-2526.