



**College of Alberta
Dental Assistants**

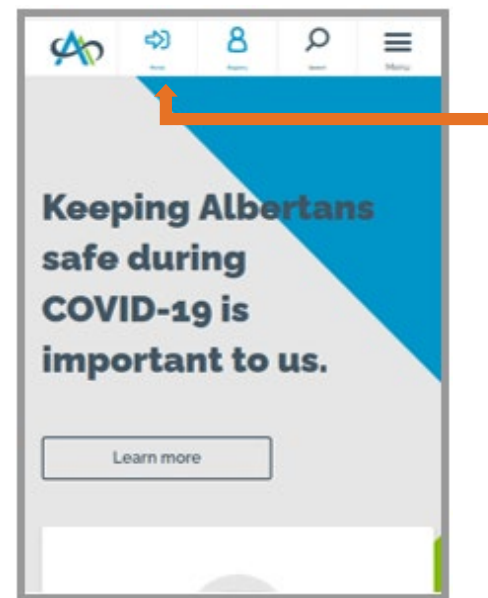
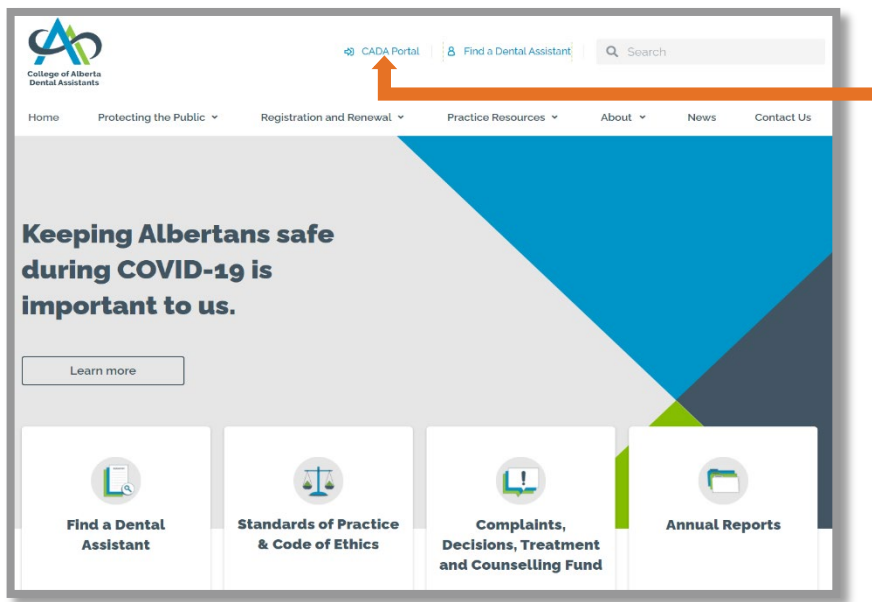
Guide for Reinstatement

This guide will show you, step-by-step, how to use our online application form.

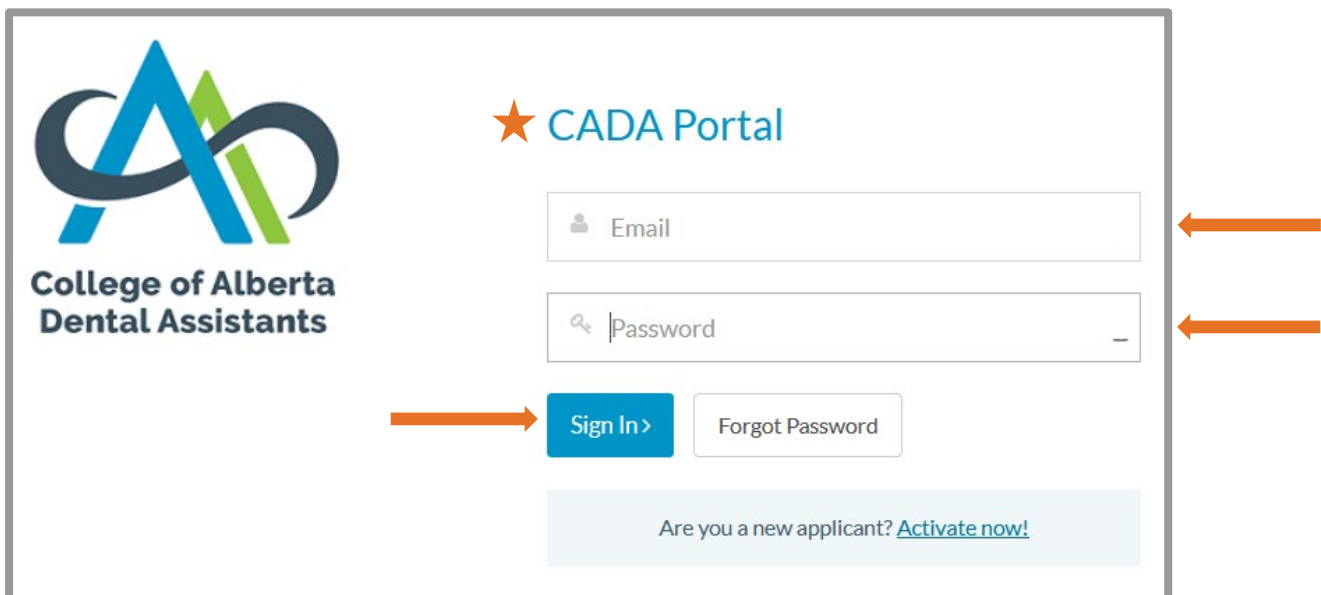
Follow this guide if your Practice Permit is suspended, you must reinstate your Permit before returning to practice.

The Portal

You need to go to our website abrda.ca and click [CADA Portal](#).



You are now in the CADA Portal. If you are a new applicant, click on the [Activate now!](#) link.



You will now be on the Reinstatement screen.

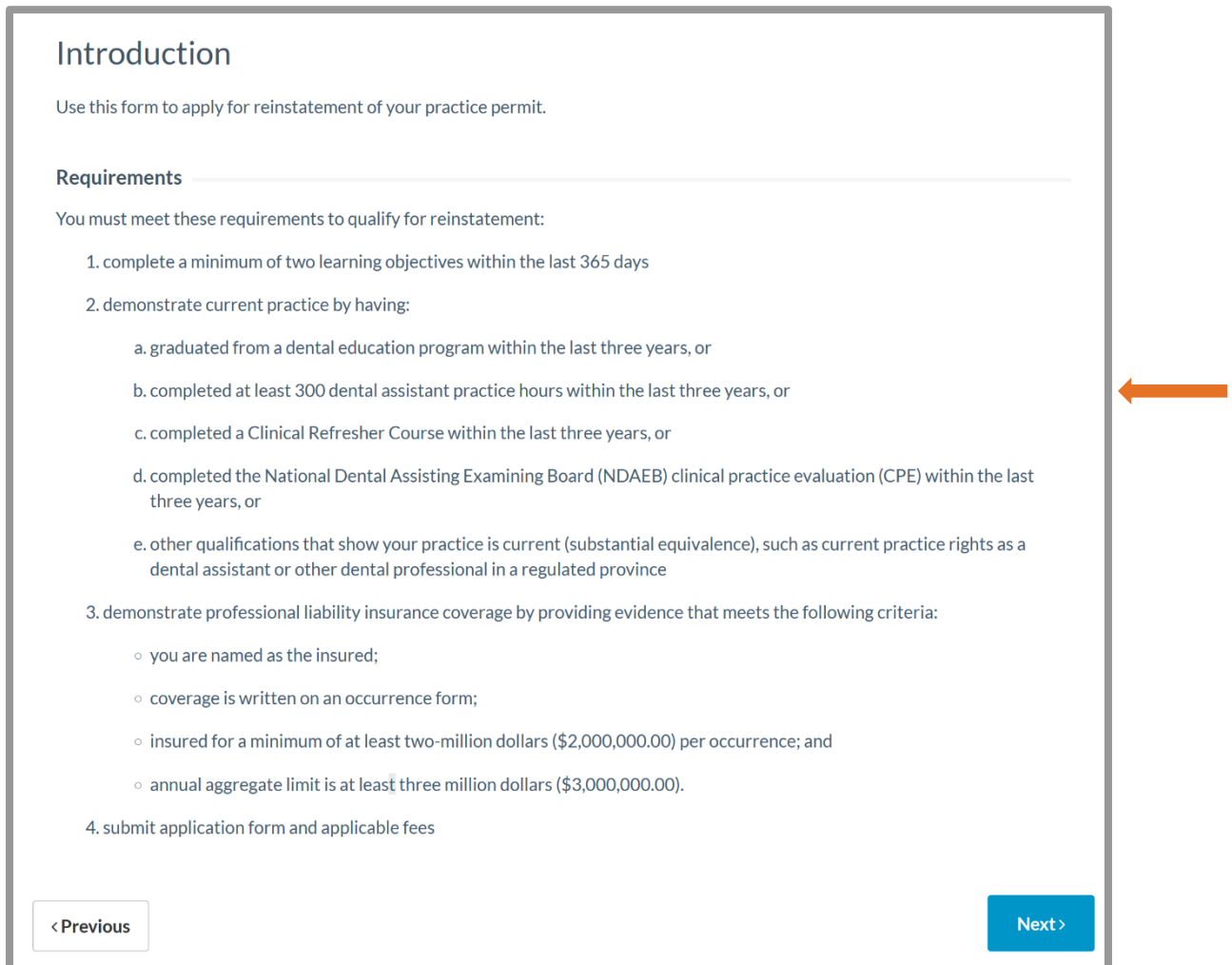
Click on the **Start** button.



You will now be on the Introduction screen.

This information explains what is required to apply for reinstatement of your practice permit. Carefully review this information to ensure you are eligible to apply.

If you meet the requirements, click on the **Next** button to advance to the Profile page of the application.



You will now be at the Profile screen.

IMPORTANT NOTES ABOUT OUR APPLICATION

- You must make an entry in each field marked with an asterisk (*). They are required fields.

Upload verification (e.g., marriage certificate) for each instance of a name change, if applicable.

The screenshot shows a 'Profile' form with the following fields and elements:

- Name**: A text input field with an 'Update' button to its right.
- Date of Birth ***: A date picker field with a calendar icon.
- Mailing Address**: A section header for the address fields.
- Address Line 1 ***: A text input field.
- Address Line 2**: A text input field.
- City ***: A text input field.
- Country ***: A dropdown menu.
- Province**: A text input field.
- Primary Phone ***: A text input field.
- Alternate Phone**: A text input field.
- Email Address ***: A text input field with a note below it: 'This will become your new login when changed.'

Navigation buttons: '< Previous' (bottom left) and 'Next >' (bottom right, highlighted in blue). Seven orange arrows point from the right side of the screen to the Date of Birth, Address Line 1, City, Country, Primary Phone, Email Address, and Next > buttons.

You will now be on the Competence Requirement screen.

Check the box to confirm your learning objectives have been recorded in the Continuing Competence area.

Click on the **Next** button.

The screenshot shows a 'Competence Requirement' form with the following elements:

- Competence Requirement**: Section header.
- I have recorded my completed learning objectives (including applicable verification) in the Continuing Competence area.
- Navigation buttons: '< Previous' (bottom left) and 'Next >' (bottom right, highlighted in blue).

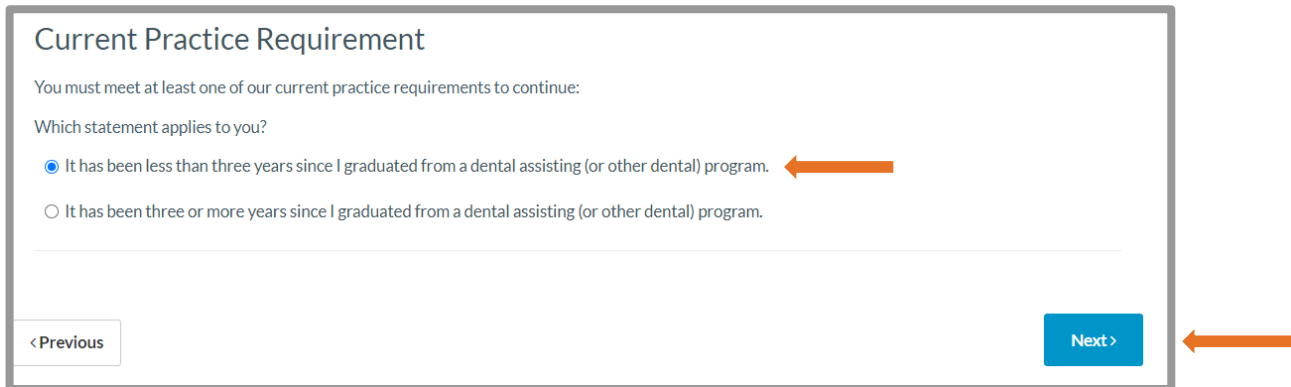
An orange arrow points from the right side of the screen to the 'Next >' button.

You will now be at the Current Practice Requirement screen.

Select the current practice requirement statement that applies to you.

Depending on what you select, you may need to answer more questions before you can proceed.

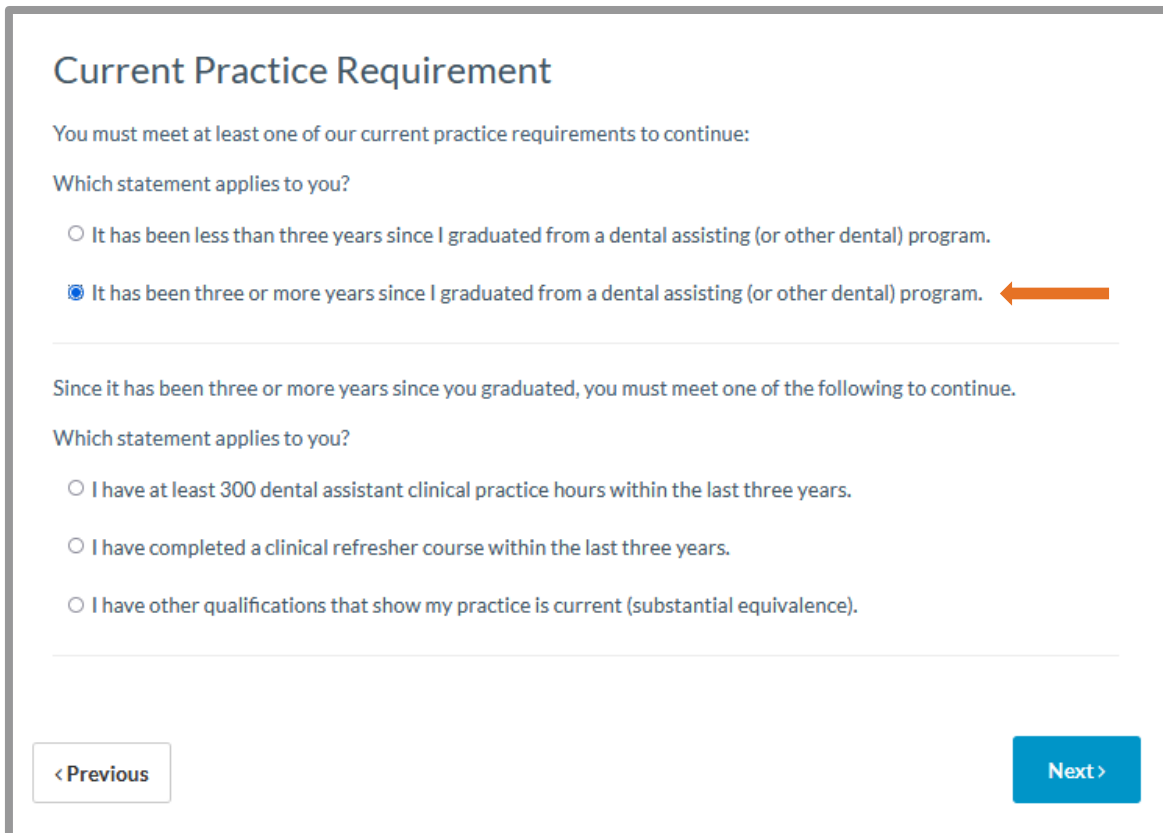
If you select the first option “*If it has been less than three years since I graduated from a dental assisting (or other dental) program.*”, click on the **Next** button.



The screenshot shows a form titled "Current Practice Requirement". Below the title, it says "You must meet at least one of our current practice requirements to continue:" followed by "Which statement applies to you?". There are two radio button options. The first option, "It has been less than three years since I graduated from a dental assisting (or other dental) program.", is selected and has an orange arrow pointing to it. The second option is "It has been three or more years since I graduated from a dental assisting (or other dental) program.". At the bottom left is a "< Previous" button and at the bottom right is a blue "Next >" button with an orange arrow pointing to it.

If you select the second option “*It has been three or more years since I graduated from a dental assisting (or other dental) program.*”, you’ll need to:

Select the statement that describes how you meet the current practice requirement.



The screenshot shows the same "Current Practice Requirement" form. The second option, "It has been three or more years since I graduated from a dental assisting (or other dental) program.", is selected and has an orange arrow pointing to it. Below this, it says "Since it has been three or more years since you graduated, you must meet one of the following to continue." followed by "Which statement applies to you?". There are three radio button options: "I have at least 300 dental assistant clinical practice hours within the last three years.", "I have completed a clinical refresher course within the last three years.", and "I have other qualifications that show my practice is current (substantial equivalence)". At the bottom left is a "< Previous" button and at the bottom right is a blue "Next >" button.

If you select the first statement “I have at least 300 dental assistant clinical practice hours within the last three years.”, you’ll need to:

Complete our Practice Hours Verification Form

Upload a copy of your completed Practice Hours Verification Form

Click [Next](#)

Current Practice Requirement

You must meet at least one of our current practice requirements to continue:

Which statement applies to you?

- It has been less than three years since I graduated from a dental assisting (or other dental) program.
- It has been three or more years since I graduated from a dental assisting (or other dental) program. ←

Since it has been three or more years since you graduated, you must meet one of the following to continue.

Which statement applies to you?

- I have at least 300 dental assistant clinical practice hours within the last three years. ←
- I have completed a clinical refresher course within the last three years.
- I have other qualifications that show my practice is current (substantial equivalence).

Complete our Practice Hours Verification Form

[Practice Hours Verification Form](#) ←

Include a copy of your completed Practice Hours Verification Form

←

0 files uploaded.

←

If you select the second statement “I have completed a clinical refresher course within the last three years.”, you’ll need to:

Provide the name of the school where you completed the clinical refresher course

Provide the date the course was completed.

Click **Next**

Current Practice Requirement

You must meet at least one of our current practice requirements to continue:

Which statement applies to you?

- It has been less than three years since I graduated from a dental assisting (or other dental) program.
- It has been three or more years since I graduated from a dental assisting (or other dental) program.

Since it has been three or more years since you graduated, you must meet one of the following to continue.

Which statement applies to you?

- I have at least 300 dental assistant clinical practice hours within the last three years.
- I have completed a clinical refresher course within the last three years. ←
- I have other qualifications that show my practice is current (substantial equivalence).

What is the name of the school where you completed the clinical refresher course? ←

What date did you complete the course on? ←

Provide Details...

< Previous Next >

If you select the third statement “I have other qualifications that show my practice is current (substantial equivalence).”, you’ll need to:

Tell us about your qualifications that you believe demonstrate your practice is current.

Upload document(s) to verify the information you provide

Click [Next](#)

Current Practice Requirement

You must meet at least one of our current practice requirements to continue:

Which statement applies to you?

It has been less than three years since I graduated from a dental assisting (or other dental) program.

It has been three or more years since I graduated from a dental assisting (or other dental) program.

Since it has been three or more years since you graduated, you must meet one of the following to continue.

Which statement applies to you?

I have at least 300 dental assistant clinical practice hours within the last three years.

I have completed a clinical refresher course within the last three years.

I have other qualifications that show my practice is current (substantial equivalence). ←

Tell us about your qualifications that you believe demonstrate your practice is current. For example, if you completed the NDAEB CPE within the last three years or you hold current practice rights as a dental assistant or other dental professional in a Canadian province where the profession is regulated.

Provide Details... ←

Include document(s) to verify the information you provide.

←

0 files uploaded.

The Registrar will review your information and documents to decide if you have substantial equivalence.

←

You will now be at the Advanced Practice screen.

IMPORTANT NOTE

- If you need more information, click the “Check here for details” link for information about advanced practices, approved courses and current practice rights.

The screenshot shows a form titled "Advanced Practice". The question asks: "Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated?" Below the question are two radio button options: "Yes" and "No". At the bottom left is a button labeled "< Previous" and at the bottom right is a blue button labeled "Next >". Orange arrows point to the "Check here for details" link, the "Yes" and "No" radio buttons, and the "Next >" button.

Select Yes or No

Depending on what you select, you may need to answer more questions before you can proceed.

If you select Yes:

Click [Next](#).

You will now need to tell us which Advanced practice(s) you are applying for.

Select all that apply to you.

If your dental assisting education included an Approved Course(s) for the Advanced Practice(s) you indicated:

Select the first statement “My dental assisting education included...”

Read and check the acknowledgement statement.

Advanced Practice

Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated? [Check here for details.](#)

Yes 

No

I am applying for Advanced Practice Authorization for: * Orthodontics Preventive Prosthodontic 

Which statement applies to you?

My dental assisting education included an Approved Course(s) for the Advanced Practice(s). 


I have current practice rights for the Advanced Practice(s).

I understand that if the Registrar requests it, I must provide verification of my advanced practice rights in order to verify my eligibility and that my Advanced Practice Authorization request is incomplete until I provide the requested information. * 




Advanced Practice


Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated? [Check here for details.](#)

Yes 


No

I am applying for Advanced Practice Authorization for: * Orthodontics Preventive  Prosthodontic

Which statement applies to you?

My dental assisting education included an Approved Course(s) for the Advanced Practice(s). 

I have current practice rights for the Advanced Practice(s).



If you have current practice rights for the Advanced Practice(s) you indicated:

Select the second statement “I have current practice rights...”

If you hold current advanced practice rights in another Canadian jurisdiction where dental assisting is regulated, and your practice rights are in good standing, select “I Agree”.

Enter the name of the organization you hold practice rights with.

Read and check the acknowledgement statement. Click [Next](#).

Advanced Practice

Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated? [Check here for details.](#)

Yes
 No

I am applying for Advanced Practice Authorization for: * Orthodontics Preventive Prosthodontic

Which statement applies to you?

My dental assisting education included an Approved Course(s) for the Advanced Practice(s).
 I have current practice rights for the Advanced Practice(s). ←

If your advanced practice education is not on our list of approved courses, you may be eligible for Advanced Practice Authorization if you are currently authorized for the Advanced Practice in another Canadian province.

I hold current advanced practice rights in another Canadian jurisdiction where dental assisting is regulated, and my practice rights are in good standing and not limited in any way.

I Agree ←
 I Disagree

Name of organization I hold practice rights with *

I understand that if the Registrar requests it, I must provide verification of my advanced practice rights in order to verify my eligibility and that my Advanced Practice Authorization request is incomplete until I provide the requested information. *

If you do not hold current advanced practice rights in another Canadian jurisdiction where dental assisting is regulated, select “I disagree”

Read and check the acknowledgement statement. Click [Next](#).

Advanced Practice

Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated? [Check here for details](#).

Yes
 No

I am applying for Advanced Practice Authorization for: * Orthodontics Preventive Prosthodontic

Which statement applies to you?

My dental assisting education included an Approved Course(s) for the Advanced Practice(s).
 I have current practice rights for the Advanced Practice(s).

If your advanced practice education is not on our list of approved courses, you may be eligible for Advanced Practice Authorization if you are currently authorized for the Advanced Practice in another Canadian province.

I hold current advanced practice rights in another Canadian jurisdiction where dental assisting is regulated, and my practice rights are in good standing and not limited in any way.

I Agree
 I Disagree

I understand that if the Registrar requests it, I must provide verification of my advanced practice rights in order to verify my eligibility and that my Advanced Practice Authorization request is incomplete until I provide the requested information. *

[< Previous](#) [Next >](#)

If you select No (your education didn't include Advanced Practices and you don't hold practice rights for Advanced Practices)

Click [Next](#).

Advanced Practice

Did your dental assisting education include an Approved Course(s) for any advanced practice dental assisting services, or do you hold current practice rights for an Advanced Practice in a Canadian province where the profession is regulated? [Check here for details](#).

Yes
 No

[< Previous](#) [Next >](#)

You will now be at the Other Registrations screen.

Depending on what you select, you may need to answer more questions before you can proceed.

If you select Yes:

Click on the **+Add Other Registration** button.

Enter the requested information.

Click on the **Next** button.

The screenshot shows the 'Other Registrations' screen. At the top, it asks, 'Do you hold current or previous practice rights (registration/certification/license) in any regulated profession including dental assisting?'. The 'Yes' radio button is selected, indicated by an orange arrow. Below this, there is a blue button labeled '+Add Other Registration', also indicated by an orange arrow. A note below the button states, 'Note: You may add up to 2 records.' At the bottom left is a '< Previous' button, and at the bottom right is a 'Next >' button, with an orange arrow pointing to it from the right.

If you select No (you have never held practice rights in any regulated profession):

Click on the **Next** button.

The screenshot shows the 'Other Registrations' screen. At the top, it asks, 'Do you hold current or previous practice rights (registration/certification/license) in any regulated profession including dental assisting?'. The 'No' radio button is selected, indicated by an orange arrow. At the bottom left is a '< Previous' button, and at the bottom right is a 'Next >' button, with an orange arrow pointing to it from the right.

You will now be at the Employment Information screen.

Depending on what you select, you will need to answer more questions before you can proceed.

Select the employment information statement that applies to you.

Employment Information

Which statement applies to you?

- I am currently unemployed. ←
- I am currently employed in a non-dental field. ←
- I will be starting work, or I am currently employed in the dental field. ←

< Previous Next >

If you select the first or second option “*I am currently unemployed*” or “*I am currently employed in a non-dental field*”, you’ll need to:


Enter the date as requested

Click on the **Next** button.

Employment Information

Which statement applies to you?

- I am currently unemployed. ←
- I am currently employed in a non-dental field.
- I will be starting work, or I am currently employed in the dental field.

I have been unemployed since *  ←

< Previous Next > ←

If you select the third option “I will be starting work, or I am currently employed in the dental field”, you’ll need to:
Click the **+Add Employment** button.

Employment Information

Which statement applies to you?

- I am currently unemployed.
- I am currently employed in a non-dental field.
- I will be starting work, or I am currently employed in the dental field.

Click the +Add Employment button below to tell us about your employment.
If you have more than one employer, add a separate record for each employer.

+Add Employment

< Previous Next >

You will now be at the Add Employment Status screen.

Select “Employed in the dental field” from the Employment Status dropdown options.

In the Start Date field, enter the date you started, or will be starting, your employment.

Check the box to confirm the information is current.

Click on the **Create** button.

Add Employment Status

Select the employment status that applies to your current situation.

Employment Status *

Start Date *

The information for this Employment Status is up to date.

More fields will now show on the Add Employment Status screen.

Enter your employment information as requested.

Check the box near the bottom of the screen to confirm the information is current.

Click on the **Create** button.

The screenshot shows a form titled "Add Employment Status" with the instruction "Select the employment status that applies to your current situation." The form contains the following fields and controls:

- Employment Status ***: A dropdown menu with "Employed in dental field" selected.
- Employer Name ***: A text input field.
- Employer City ***: A text input field.
- Employer Address ***: A text input field.
- Employment Start Date ***: A date picker showing "YYYY-MM-DD".
- Average hours per week ***: A dropdown menu with "Select..." selected.
- Work Phone ***: A text input field.
- Work Email**: A text input field.
- Primary Role ***: A dropdown menu with "Select..." selected.
- Employment Setting ***: A dropdown menu with "Select..." selected.
- The information for this Employment Status is up to date.**
- Cancel** button (with an 'x' icon).
- Create** button (with a checkmark icon).

Orange arrows point to the right of each field and the "Create" button, and one arrow points to the left of the "The information for this Employment Status is up to date." checkbox.

Your employment information record will now appear on the screen.

If you have additional dental field employers, click the **+Add Employment** button. Repeat the steps described above until you have entered all your dental field employers.

After recording all your dental field employers, click on the **Next** button.

The screenshot shows a web form titled "Employment Information". At the top, it asks "Which statement applies to you?" with three radio button options: "I am currently unemployed.", "I am currently employed in a non-dental field.", and "I will be starting work, or I am currently employed in the dental field." (which is selected). Below this is a table with three columns: "Employer", "Status", and "Address". The table contains one row with the values "Test", "Employed in dental field", and "abd". To the right of this row is an "Edit" button with a pencil icon. Below the table, there is a text instruction: "If you have more than one employer, add a separate record for each employer." Below this instruction is a blue button labeled "+ Add Employment". At the bottom left of the form is a "< Previous" button, and at the bottom right is a blue "Next >" button. Three orange arrows point to the "+ Add Employment", "Edit", and "Next >" buttons respectively.

Employer	Status	Address	
Test	Employed in dental field	abd	Edit

You will now be on the Professional Liability Insurance screen.

You must provide your professional liability insurance (PLI) information and upload a copy of your PLI certificate.

Click on the **Next** button.

Professional Liability Insurance

You must provide your professional liability insurance (PLI) information and a copy of your PLI certificate.

The PLI must be your own for the profession of dental assisting and meet the following criteria:


- name of the Insured must be the same as the name of the person applying for registration/renewal;
- coverage is written on an occurrence form;
- insured for a minimum of at least two-million dollars (\$2,000,000.00) per occurrence; and,
- annual aggregate limit is at least three million dollars (\$3,000,000.00).


Enter your PLI information

Name of Insurance Broker/Agency *

Insurance Broker/Agency Phone Number *


Policy Certificate Number *

Policy Effective Date * 

Policy Expiry Date * 


I hold professional liability insurance in the type and amount required by the College, and I will notify the College within 15 days in writing of any changes to my PLI coverage.

- Include a copy of your PLI certificate.



0 files uploaded.

Please upload your PLI supporting document.



You will now be at the Applicant's Statement screen.

My Consent:

- Read each consent statement and check the box to acknowledge you understand.

True and Correct Application:

- Check the box to certify the information you provided is true and correct.

Applicant's Statement

For each statement that you check "I Disagree" you must include a written explanation.

My Consent


The information you give us is protected. Refer to [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.



IMPORTANT NOTE

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


My Responsibilities:

- Read each statement and select “I agree” or “I disagree”.


Click on the **Next** button.

My Responsibilities


I will complete all reinstatement requirements and ensure that I have a valid Practice Permit before I return to dental assisting.

I agree I disagree 


I have reported to the College if I have ever been found guilty of unprofessional conduct or conduct of a similar nature, or if I have been the subject of an alternative complaint process.

I agree I disagree 


I have reported to the College if I have ever pleaded guilty, been found guilty or received a conditional discharge of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside of Canada for which I have not been pardoned.

I agree I disagree 


I have reported to the College if I am the subject of any current criminal charges.

I agree I disagree 

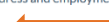
I have reported to the College if I am the subject of any findings of professional negligence.

I agree I disagree 


I have reported to the College anything else that may have a negative impact on my fitness to practice dental assisting.

I agree I disagree 

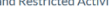
I will notify the College of name, address and employment information changes.

I agree I disagree 


I will practice in accordance with the Health Professions Act, Dental Assistants Profession Regulation, Standards of Practice and Code of Ethics.

I agree I disagree 

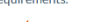
I will perform only those practices and Restricted Activities I am authorized for and I am competent in after proper education, training and experience.

I agree I disagree 

I will meet annual renewal requirements by the renewal deadline.

I agree 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 Practice Permit, and subsequent notification of my cancellation or suspension pursuant to statutory requirements.

I agree I disagree 

You will now be at the Terms and Conditions screen.

Read the Terms and Conditions.

Check the Acknowledgement statement.

Click on the **Next** button.

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 Registration Fee. When we receive your Registration Fee, we will register and issue a Practice Permit to you. The Registration Fee is non-refundable
- If your application is incomplete and/or you do not meet the eligibility requirements, we will hold your application for up to 45 days. You must complete all incomplete/missing requirements and submit verification within 45 days. If you do not complete all requirements, including payment of the Registration Fee, within that 45 day 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.
- All eligibility requirements with time restrictions (for example, learning objectives) must be current when your application is complete. If your requirements expire it may result in a change to your eligibility. In the case of an expired verification of standing it will need to be reissued within the above noted 45 day period.
- Our registration cycle begins December 1 and ends on November 30 of the following year.
- Fees are subject to change at any time.
- Our policies are subject to change without notice.

Acknowledgement

By submitting this request to the College, I accept the terms and conditions outlined above. ←

[< Previous](#) [Next >](#) ←

You will now be at the Assessment Fee Payment screen.

Enter your credit card information on this secure page to make the application assessment fee payment.

Click on the **Process Payment** button.

Assessment Fee Payment
The Fee is non-refundable. Fees are subject to change at any time.

Summary

	(\$) Amount
Reinstate Practice Permit Assessment Fee	100.00
GST	5.00
Total	105.00

Credit Card Payment
Enter the required information in the following fields and click Process Payment to complete your payment. Your fees will be processed immediately and securely online.

Cardholder Name *

Credit Card Number *

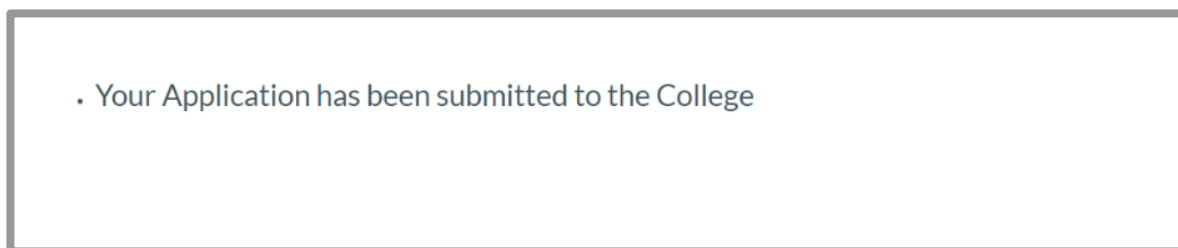
Credit Card Type *

Expiration Date *

Security Code (3 digits on back of card) *

You will now be at the Application Submitted screen.

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!

A Few More Things

Printing your Practice Permit

To print your Practice Permit, click on Practice Permit in the menu.

Click [Download Practice Permit](#). After you downloaded it you can send it to print.

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.

Uploads

IMPORTANT NOTE

- The files you upload should be PDF, JPG, PNG, GIF or TIF with a maximum file size of 2 MB (2000 KB).

To upload a file, click on the [Upload File](#) button.

If you're using a computer/laptop a window will open in which you need to find and select the document/file/photo you want to upload.

If you're using a smartphone/tablet you will be given choices that allow you to select a photo/document already on your device or to take a photo using the device's camera.

When your upload is successful, your file title will appear below the Upload File button.

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