



**College of Alberta
Dental Assistants**

Applying for Registration

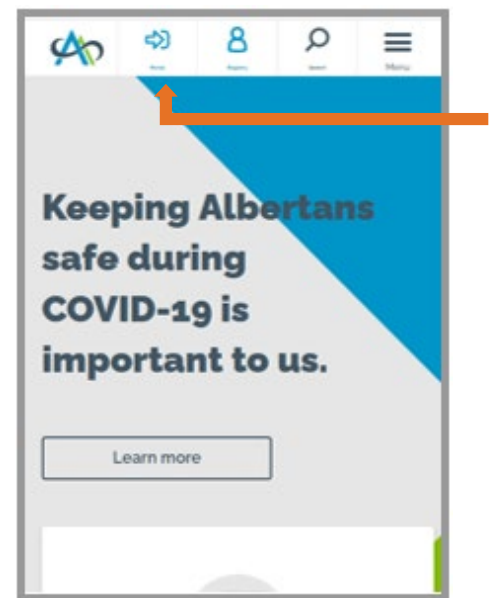
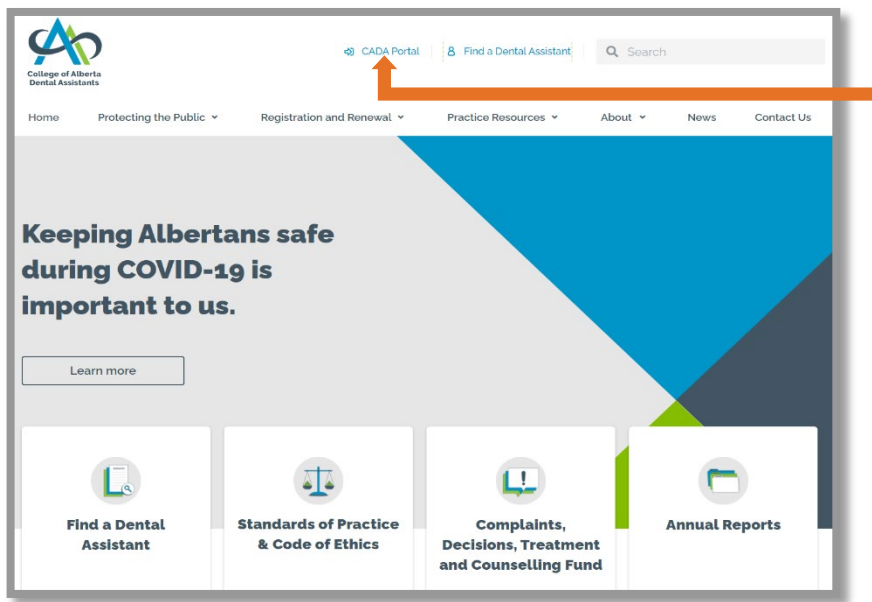
Guide for Accredited Education Applicants

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

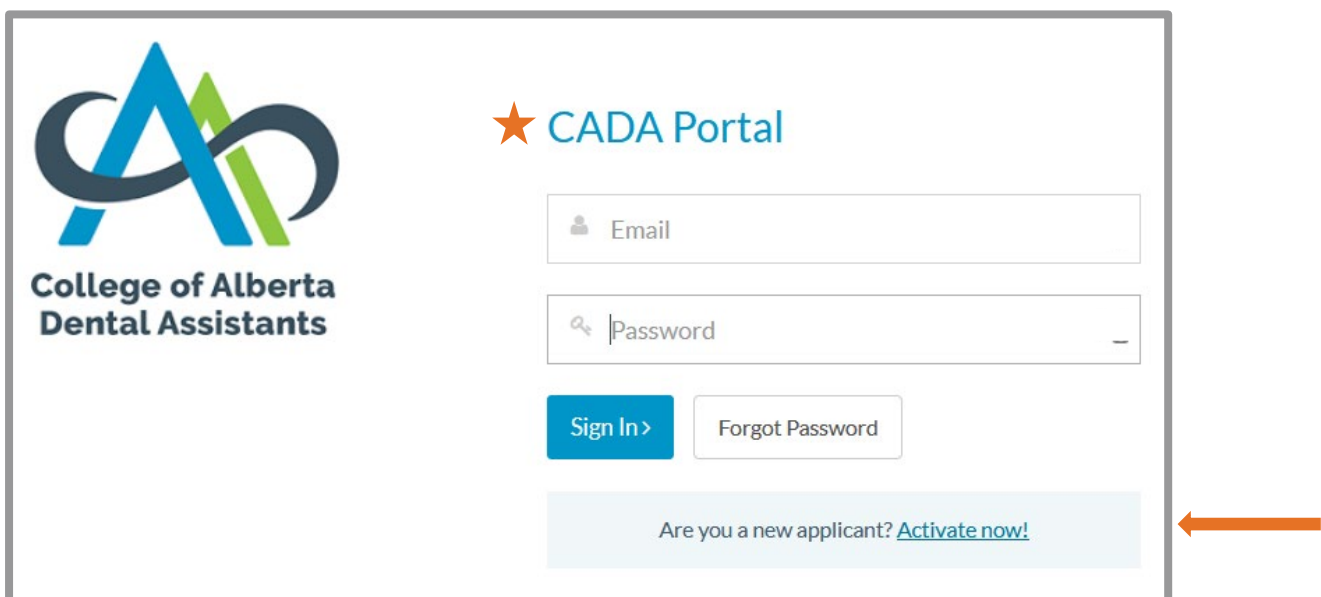
Follow this guide if you are a dental assistant who has graduated from an accredited dental assisting program in Canada and have passed the NDAEB Written Exam.

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.



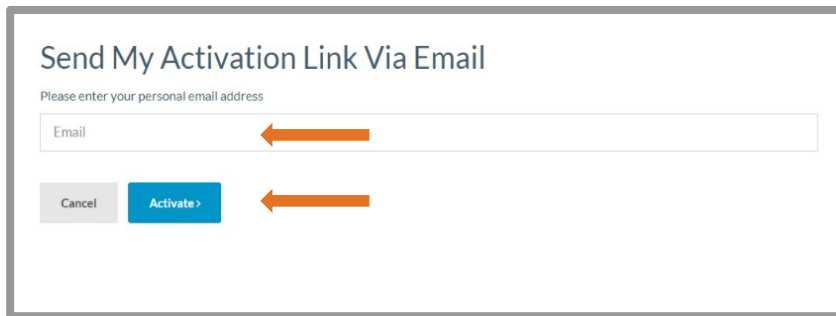
You will now be at the Send My Activation Link screen.

IMPORTANT NOTES

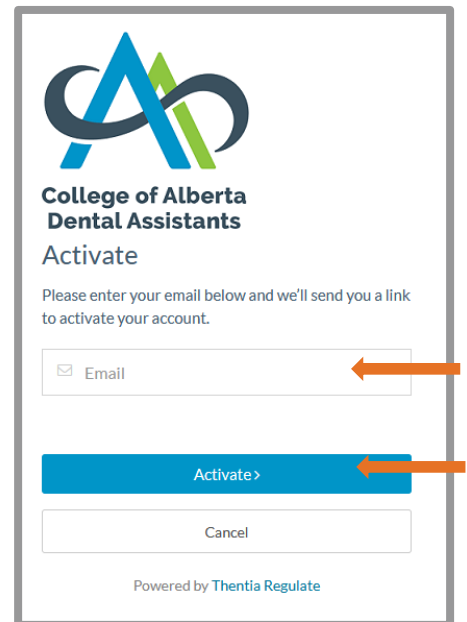
- Your email address will become your username. The email field and username field are both **case sensitive**. The way you enter your email address here is how you must enter it as your username each time you sign in.
- Before you click Activate, add **contact@abrda.ca** to your email contacts/address book and add our domain **abrda.ca** to your safe sender/whitelist. This will help ensure you get our emails in your inbox.

Enter your email address in the Email field.

Click on the **Activate** button.

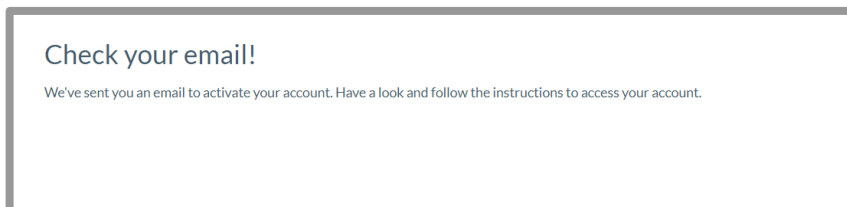


The screenshot shows a form titled "Send My Activation Link Via Email". Below the title is the instruction "Please enter your personal email address". There is a text input field labeled "Email" with an orange arrow pointing to it from the right. Below the input field are two buttons: a grey "Cancel" button and a blue "Activate >" button, with an orange arrow pointing to the "Activate >" button from the right.

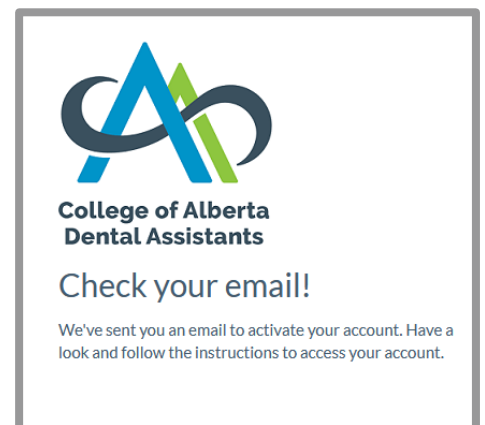


The screenshot shows a confirmation screen for the "College of Alberta Dental Assistants". At the top is the organization's logo. Below the logo is the text "Activate". Underneath is the instruction "Please enter your email below and we'll send you a link to activate your account." There is a text input field labeled "Email" with an orange arrow pointing to it from the right. Below the input field are two buttons: a blue "Activate >" button and a grey "Cancel" button, with an orange arrow pointing to the "Activate >" button from the right. At the bottom, it says "Powered by Thentia Regulate".

Check your email for your activation link. If it is not in your inbox, check your junk/clutter/spam folder.



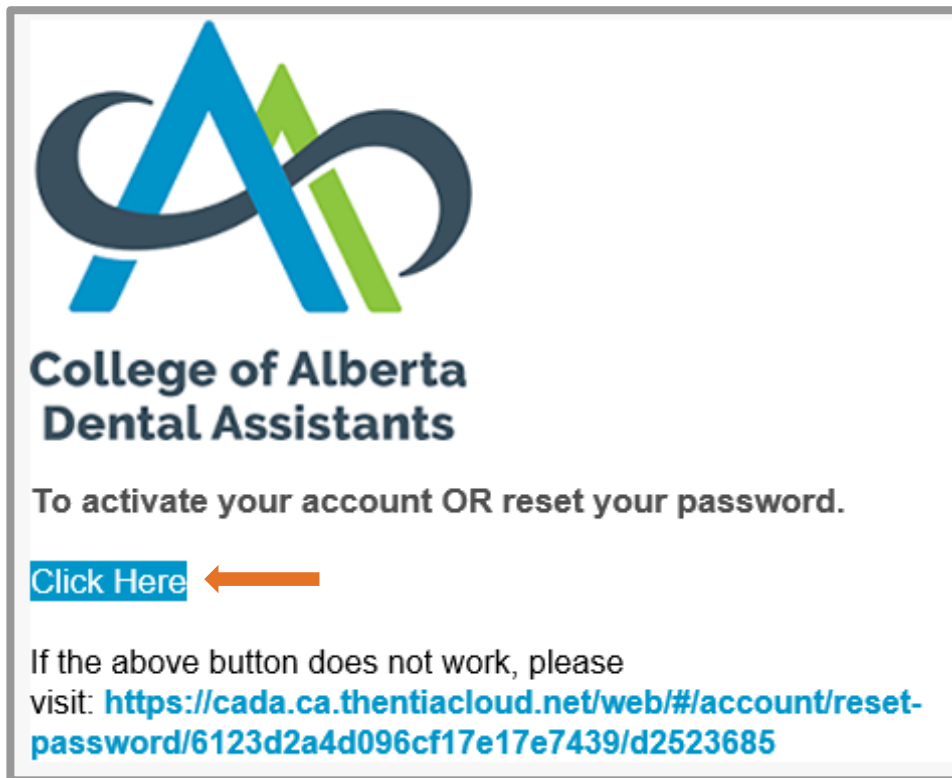
The screenshot shows a notification box with the heading "Check your email!". Below the heading is the text "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."



The screenshot shows a notification box with the organization's logo at the top. Below the logo is the heading "Check your email!". Underneath is the text "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."

Your activation email will look like the image below.

In your email click on the [Click Here](#) link.

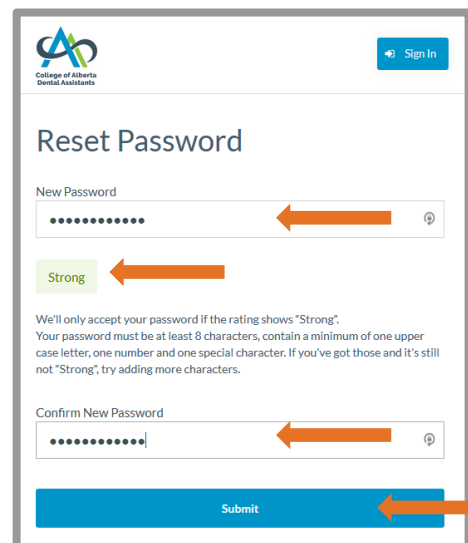
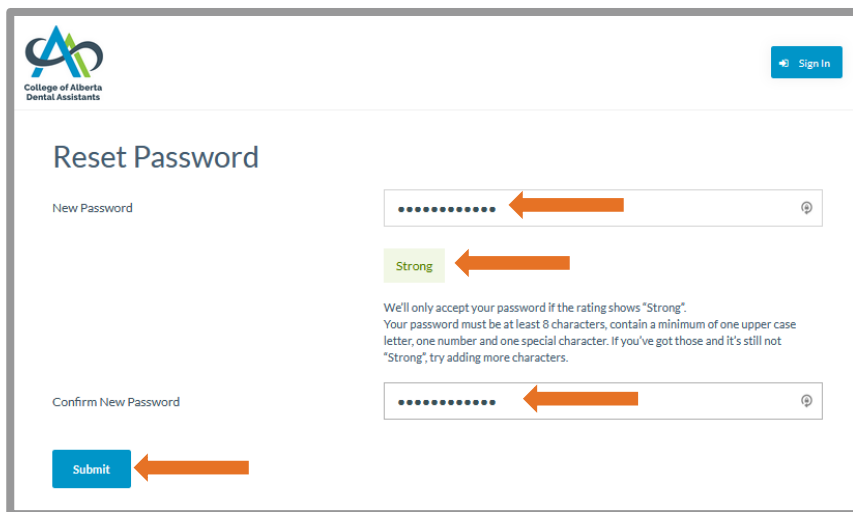


You will now be at the Reset Password screen.

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.



Now that you've successfully created 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 Authentication: Security Questions

To help protect the privacy of your account, please select three questions below and provide their corresponding answers.

Security Question 1 *

Answer *

Security Question 2 *

Answer *

Security Question 3 *

Answer *

Two-Stage Authentication: Security Questions

To help protect the privacy of your account, please select three questions below and provide their corresponding answers.

Security Question 1 *

Answer *

Security Question 2 *

Answer *

Security Question 3 *

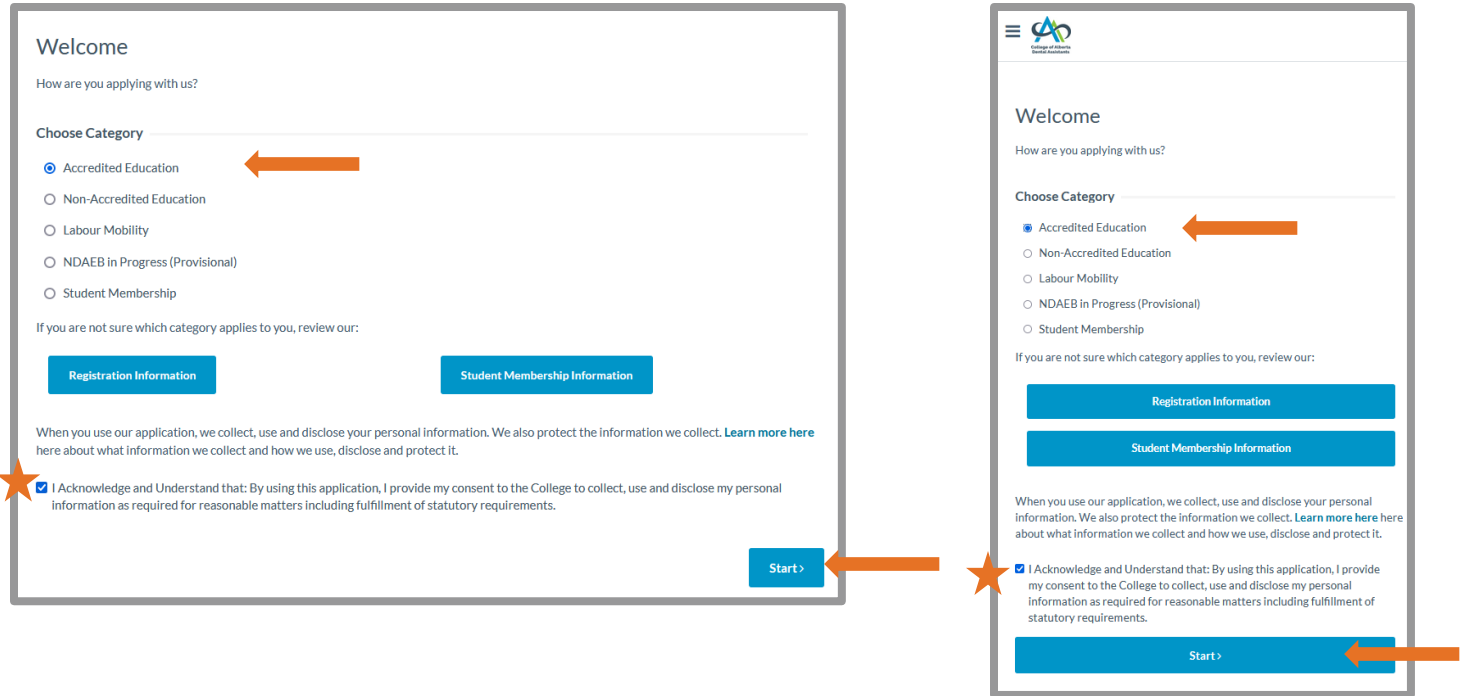
Answer *

You will now be on the Welcome screen.

Select this Category: *Accredited Education*

Read the *I Acknowledge and Understand* statement and check the box.

Click on the **Start** button.



You will now be on the Introduction screen.

This information explains what is required to apply for registration and a practice permit. Carefully review this information to ensure you are eligible to apply.

If you click the **Fee Information** button, it will take you to the Fee Schedule on the College's website.

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

Introduction

Use this form to apply for Registration and a Practice Permit if:

- you graduated from an accredited* dental assisting program, and
- you passed the National Dental Assisting Examining Board (NDAEB) exam

*Accredited by the Commission on Dental Accreditation of Canada

Requirements

You must meet these requirements to qualify for registration:

1. demonstrate entry to practice requirements:
 - graduate from an accredited dental assisting program and pass the NDAEB exam
2. demonstrate current practice:
 - apply within 3 years of graduating from a dental assisting/dental program, or
 - complete a Clinical Refresher Course (must be within the last three years), or
 - have at least 900 dental assistant clinical practice hours within the last three years, or
 - have other qualifications that show your practice is current (substantial equivalence), such as having completed the NDAEB CPE within the last three years
3. demonstrate good character and reputation:
 - answer professional declarations,
 - provide a criminal record check and
 - provide verification of standing from other professional regulators where you have current or previous practice rights, if applicable
4. demonstrate professional liability insurance coverage by providing evidence that meet the following criteria:
 - you are named as the insured,
 - 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).
5. submit this application form, the Initial Registration Assessment Fee and Annual Registration Fee

Fee Information ←

< Previous Next > ←

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.
- You must upload documents in several places. You'll find information about uploading documents on the last page of this Guide.

Upload a copy of government issued identification that includes your legal name and date of birth (e.g., drivers permit, birth certificate, citizenship card).

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

The screenshot shows the 'Profile' screen with the following elements:

- Identification** section: Includes a description and two 'Upload File' buttons. Two orange arrows point to these buttons.
- Legal Name Change** section: Includes a description and one 'Upload File' button. One orange arrow points to this button.
- Gender ***: A dropdown menu with 'Select...' and a downward arrow. An orange arrow points to the dropdown.
- Date of Birth ***: A date input field with the placeholder 'YYYY-MM-DD' and a calendar icon. An orange arrow points to the field.
- Given Name ***: A text input field with a copy icon. An orange arrow points to the field.
- Preferred Name**: A text input field. An orange arrow points to the field.
- Middle Name**: A text input field. An orange arrow points to the field.
- Last Name ***: A text input field. An orange arrow points to the field.

Former Names:


- If your name has not changed since birth, check the box.
- If your name has changed since birth, add all of your former names.


Languages:

- Enter all languages you can use to provide dental assisting services.

Former Name(s)


If your name has changed since birth, provide all names you have previously used as your Former Name(s)

My name has not changed since birth 



Languages

Which language(s) can you use to provide dental assisting services?



Enter your current Contact Information.

IMPORTANT NOTE

- If you enter a different email address here than the one you used to activate your account, your username will become the email address you enter here.

Click on the **Next** button.

Contact Information

We will send your registration documents to the address you provide below. If your address will be changing you must let us know immediately or provide a reliable "care of" address.

We will contact you by email to let you know the status of your application.

Address Line 1 *

Address Line 2

City *

Country *

Primary Phone *

Alternate Phone

Email Address *

You will now be at the Entry to Practice Requirements screen.

Check the box.

Upload a copy of your NDAEB certificate.

Click on the **Next** button.

Entry to Practice Requirement

You must meet the requirement in this section to continue.

I graduated from an accredited dental assisting program and passed the NDAEB exam.

- Include a copy of your NDAEB Certificate.

1 file uploaded.

TEST.pdf

We will ask about your education later in the application.

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.

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.

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.

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).

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

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

[Upload File](#) ←

0 files uploaded.

[< Previous](#) [Next >](#) ←

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...

←

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.

Upload File ←

0 files uploaded.

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

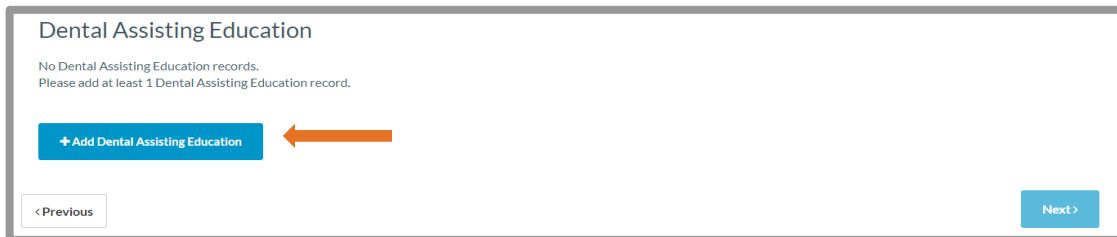
[< Previous](#) [Next >](#) ←

You will now be at the Dental Assisting Education screen.

IMPORTANT NOTES

- If you completed more than one dental assisting education program, we only need information about your most recent education program.
- If you completed intra-oral continuing education or post-graduate courses, do not provide them here. You can provide those after we issue your practice Permit.

To provide information about your dental assisting education, click on the **+Add Dental Assisting Education** button.



Dental Assisting Education

No Dental Assisting Education records.
Please add at least 1 Dental Assisting Education record.

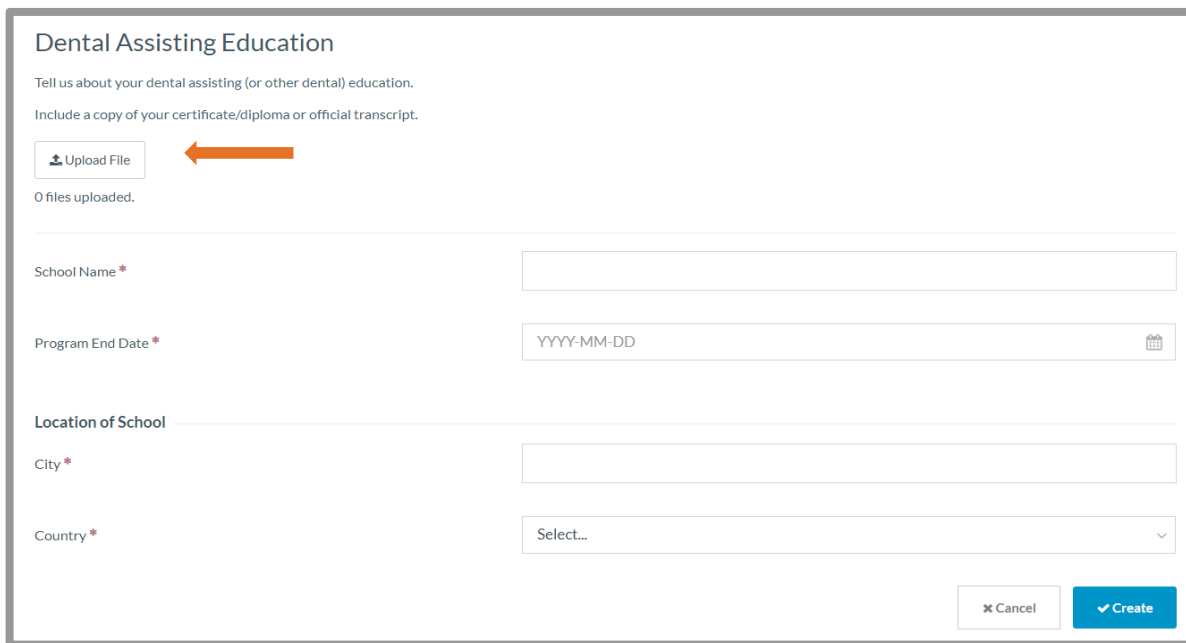
+ Add Dental Assisting Education

< Previous Next >

Upload your verification of education (e.g., letter from program, certificate/diploma, or official transcript).

Enter the program details.

Click on the **Create** button.



Dental Assisting Education

Tell us about your dental assisting (or other dental) education.
Include a copy of your certificate/diploma or official transcript.

Upload File

0 files uploaded.

School Name *

Program End Date * YYYY-MM-DD

Location of School

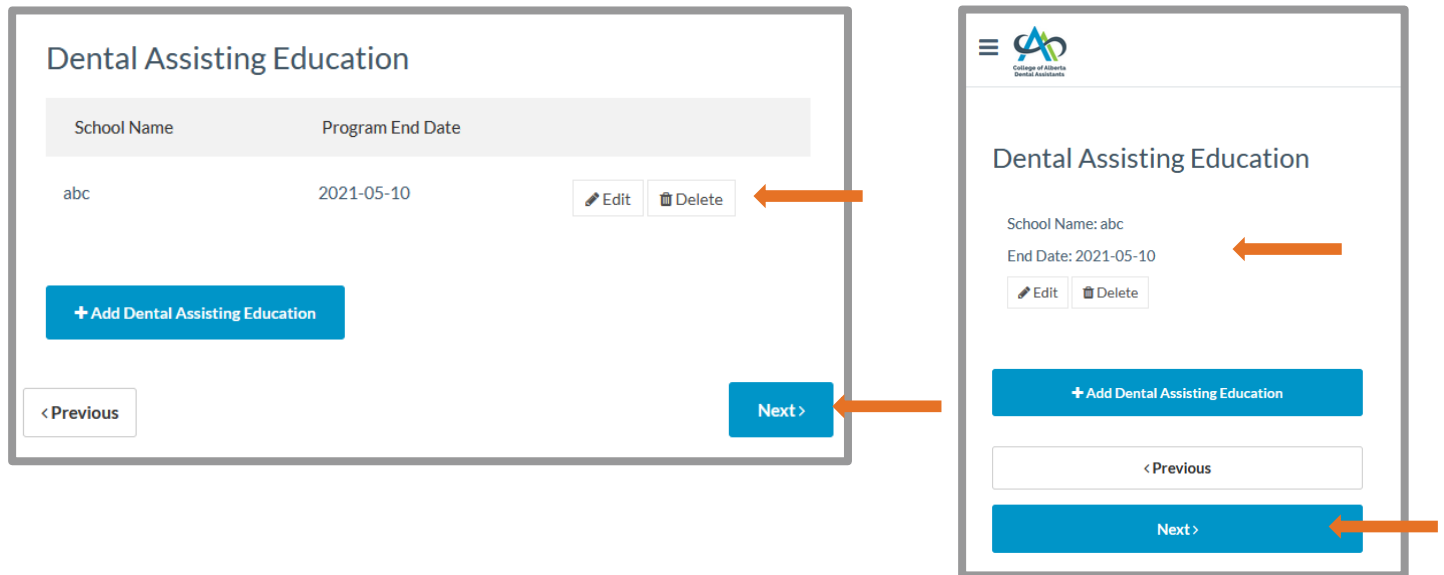
City *

Country *

✕ Cancel ✔ Create

Your dental assisting education record will appear on the screen.

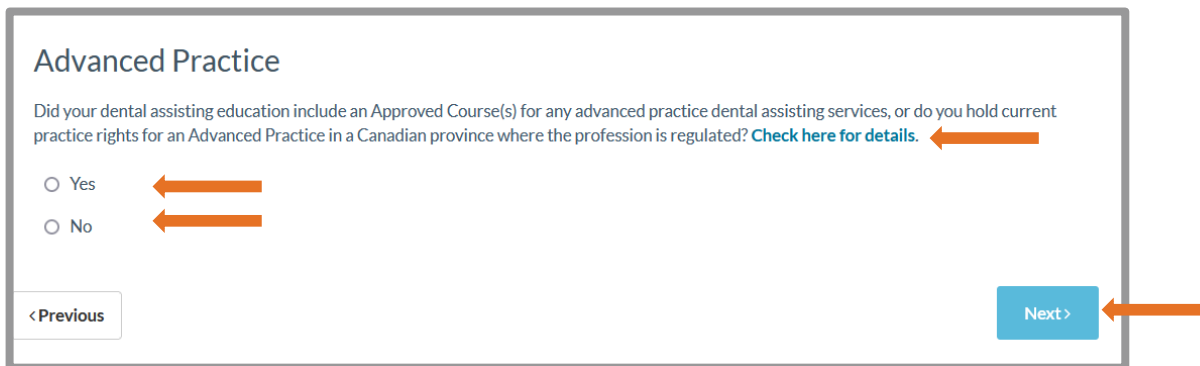
Click on the **Next** button.



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.



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. * ←

< Previous 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).

< Previous Next >

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 Criminal Record Check screen.

IMPORTANT NOTE

- Your Criminal Record Check must have been issued by a Canadian provider, within the previous 90 days.

Upload a copy of your Criminal Record Check.

Read and check the acknowledgement statement.

Click on the **Next** button.

The screenshot shows a web form titled "Criminal Record Check". The form contains the following elements:

- Section header: "Criminal Record Check"
- Instructional text: "You must provide the results of a Criminal Record Check (CRC) issued by a Canadian provider. The results must be dated within 90 (ninety) days."
- Form element: "Upload File" button with a file upload icon. An orange arrow points to this button from the left.
- Status text: "0 files uploaded."
- Form element: A checkbox with the text "I have attached my CRC results, and they are no more than 90 (ninety) days old." An orange arrow points to this checkbox from the left.
- Form element: "< Previous" button in the bottom left corner.
- Form element: "Next >" button in the bottom right corner. An orange arrow points to this button from the right.

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. Here are samples of certificates:

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 Broker *

Broker Phone Number *

Master Policy Number *

Policy Period Start Date *

Policy Period End Date *

I hold professional liability insurance in the type and amount required by the College, and I will notify the College within 15 (fifteen) calendar 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 Professional Declarations screen.

IMPORTANT NOTE

- For each item you select No, a text box will appear for you to provide information about the matter.

Read each declaration statement and select either Yes or No.

Click on the **Next** button.

The screenshot shows the 'Professional Declarations' screen. It contains five questions, each with 'Yes' and 'No' radio button options. Orange arrows point to the 'No' option for each question. At the bottom right, an orange arrow points to the 'Next >' button. At the bottom left, there is a '< Previous' button.

Professional Declarations

Have you ever been disciplined, the subject of an alternative complaint process or are you currently being investigated by any professional regulatory body?

Yes No

Have you ever had conditions/restrictions, or the equivalent placed on your practice by any professional regulatory body?

Yes No

Have you 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 Canada for which you have not been pardoned?

Yes No

Have you ever had a civil judgement against you in relation to your professional practice?

Yes No

Is there anything else that may have a negative impact on your fitness to practice dental assisting?

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. It has a question with 'Yes' and 'No' radio button options. The 'Yes' option is selected. Below the question is a text input field. An orange arrow points to the '+Add Other Registration' button. At the bottom right, an orange arrow points to the 'Next >' button. At the bottom left, there is a '< Previous' button.

Other Registrations

Do you hold current or previous practice rights (registration/certification/license) in any regulated profession including dental assisting?

Yes No

Click the +Add Other Registration button below to tell us about your practice rights. If you have/had more than one instance of practice rights, add a separate record for each one.

+ Add Other Registration Next >

< Previous

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

Click on the **Next** button.

Other Registrations

Do you hold current or previous practice rights (registration/certification/license) in any regulated profession including dental assisting?

Yes

No ←

< Previous

Next > ←

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.

The screenshot shows the 'Employment Information' form. The title 'Employment Information' is at the top. Below it is the question 'Which statement applies to you?'. There are three radio button options: 'I am currently unemployed.' (selected), 'I am currently employed in a non-dental field.', and 'I will be starting work, or I am currently employed in the dental field.'. Below the options is a text input field labeled 'I have been unemployed since *' with a placeholder 'YYYY-MM-DD' and a calendar icon. At the bottom left is a '< Previous' button and at the bottom right is a 'Next >' button. Orange arrows point to the selected radio button, the date input field, and the 'Next >' button.

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.

The screenshot shows the 'Employment Information' form. The title 'Employment Information' is at the top. Below it is the question 'Which statement applies to you?'. There are 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.' (selected). Below the options is a horizontal line. Below the line is the text 'Click the +Add Employment button below to tell us about your employment.' and 'If you have more than one employer, add a separate record for each employer.'. Below this text is a '+ Add Employment' button. At the bottom left is a '< Previous' button and at the bottom right is a 'Next >' button. Orange arrows point to the selected radio button and the '+ Add Employment' button.

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.

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 three main input areas: a dropdown menu for "Employment Status" with a "Select..." placeholder, a date field for "Start Date" with a "YYYY-MM-DD" placeholder and a calendar icon, and a checkbox labeled "The information for this Employment Status is up to date." At the bottom right, there are two buttons: "Cancel" and "Create". Four orange arrows point to the dropdown menu, the start date field, the checkbox, and the "Create" button.

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 each of these elements from the right side of the form.

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.

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.

Employer	Status	Address	
Test	Employed in dental field	abd	<input type="button" value="Edit"/>

If you have more than one employer, add a separate record for each employer.

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 registration requirements and ensure that I have a valid Practice Permit before I 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 \$105.00 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, vulnerable sector check) 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 or vulnerable sector check 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.
- Your Registration Fee includes malpractice liability insurance coverage.
- Fees are subject to change at any time.
- The official receipt of payment will only be issued in the name of the payer.
- 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
Application 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 *

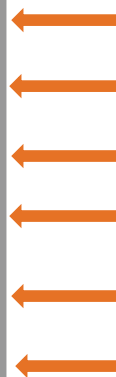
Credit Card Number *

Credit Card Type *

Expiration Date *

Security Code (3 digits on back of card) *

[Process Payment](#)



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.

• Your Application has been submitted to the College

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.