



**College of Alberta
Dental Assistants**

Annual Renewal

Guide for Online Annual Practice Permit Renewal

This guide will show you, step-by-step, how to submit your online annual Practice Permit renewal.

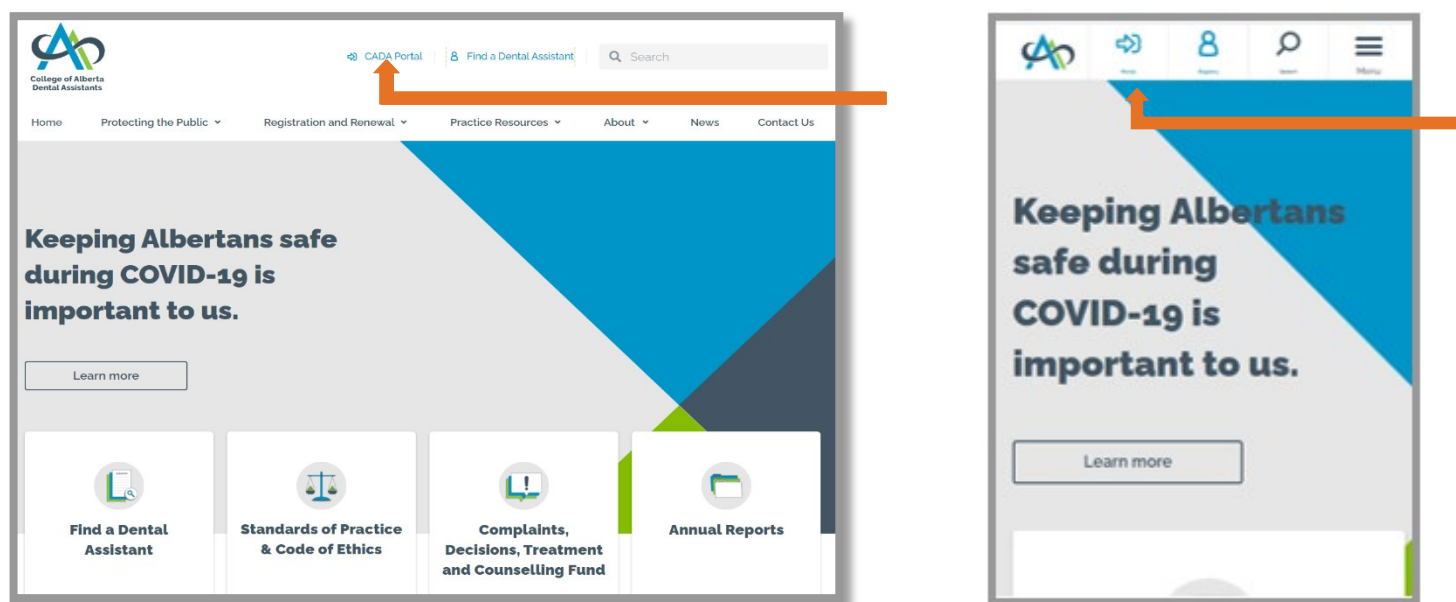
First Log In to the Portal

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

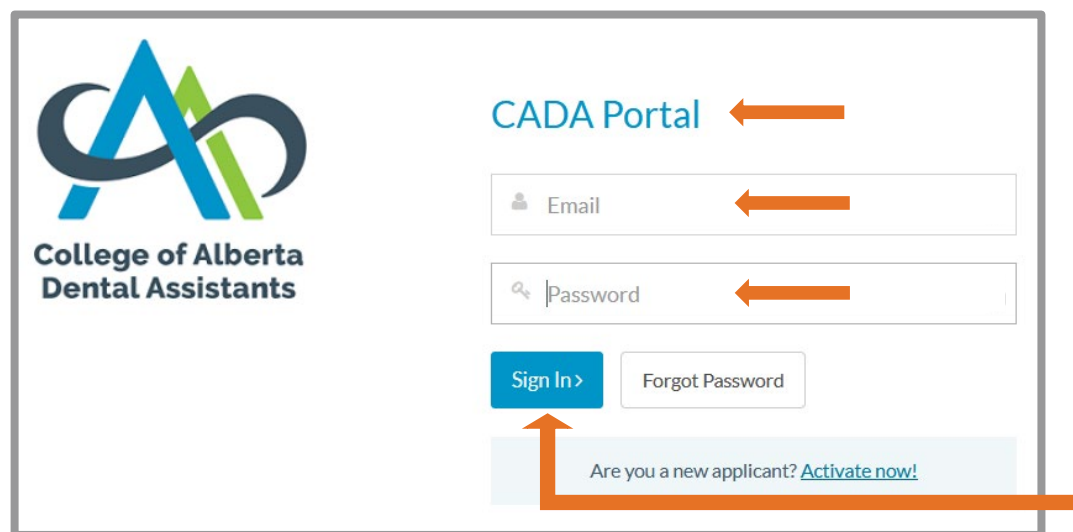
You need to go to our CADA Portal to login. To get there, go to our website abrda.ca and click [CADA Portal](#).



You will now be at the CADA Portal.

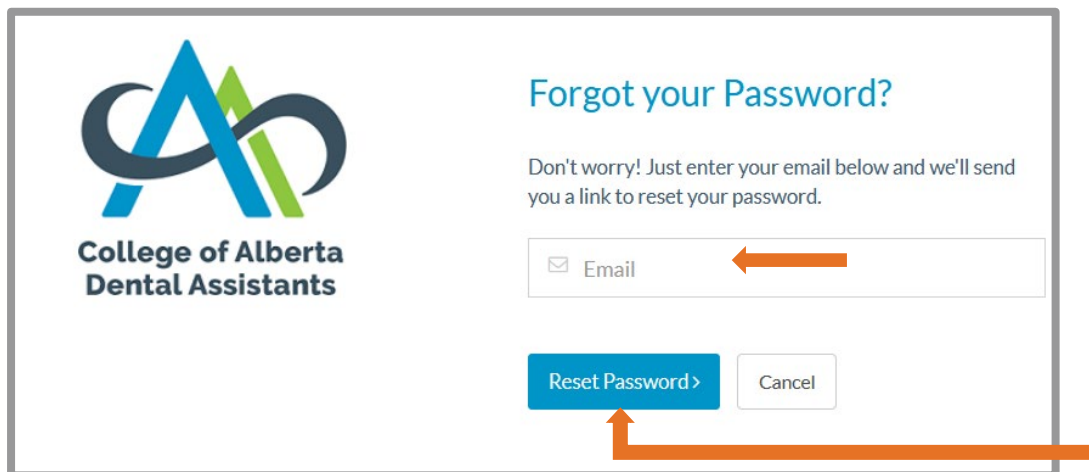
Enter the email address you have registered with the College (it is the email address you use to receive all CADA information).

Enter your password. Click [Sign In](#).



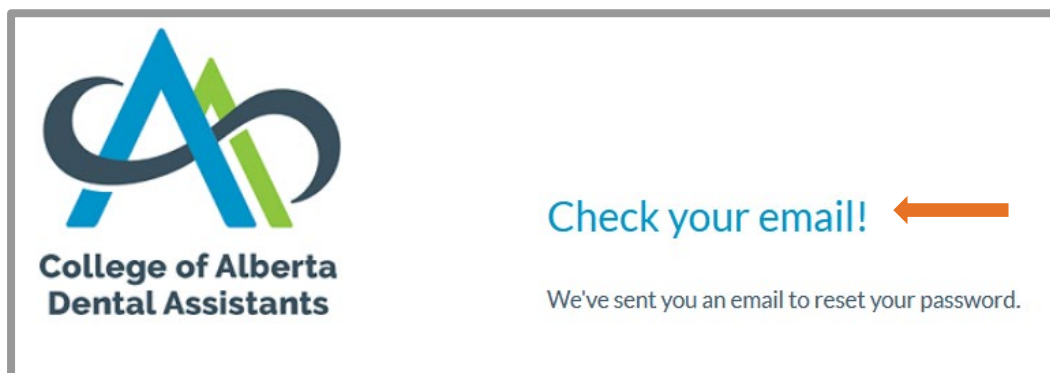
Forgot your password?

If you have forgotten your password, click the “Forgot Password” button and enter your email address; click “Reset Password” to receive the email with a link to reset your password.



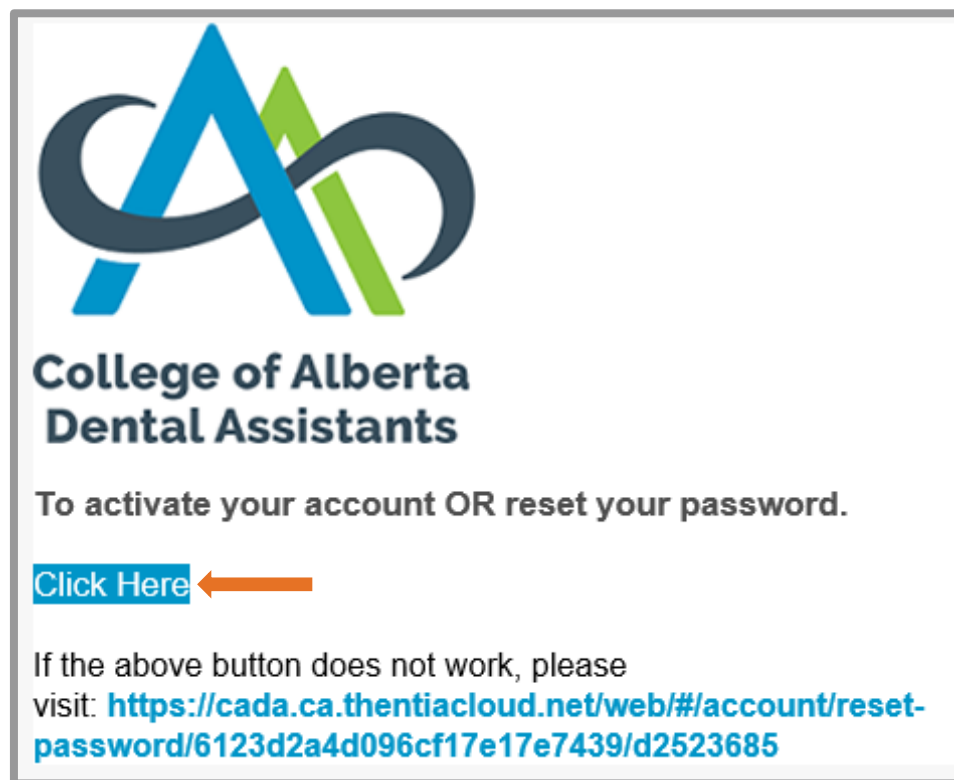
The screenshot shows a web form for password recovery. On the left is the College of Alberta Dental Assistants logo. The main heading is 'Forgot your Password?'. Below it is a subheading: 'Don't worry! Just enter your email below and we'll send you a link to reset your password.' There is a text input field with a placeholder 'Email' and an orange arrow pointing to it from the right. Below the input field are two buttons: a blue 'Reset Password >' button and a white 'Cancel' button. An orange arrow points from the right edge of the form to the 'Reset Password >' button.

Check your email for the link to reset your password.



The screenshot shows a confirmation page. On the left is the College of Alberta Dental Assistants logo. The main heading is 'Check your email!'. Below it is a subheading: 'We've sent you an email to reset your password.' An orange arrow points from the right edge of the form to the heading 'Check your email!'.

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.

A screenshot of the 'Reset Password' screen. At the top left is the College of Alberta Dental Assistants logo. At the top right is a 'Sign In' button. The main heading is 'Reset Password'. Below it, there are two input fields: 'New Password' and 'Confirm New Password'. Both fields are currently empty and have an orange arrow pointing to them from the right. Below the 'New Password' field, there is a green box with the word 'Strong' and a paragraph of text: 'We'll only accept your password if the rating shows "Strong". Your password must be at least 8 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.' At the bottom left, there is a blue 'Submit' button with an orange arrow pointing to it from the right.A screenshot of the 'Reset Password' screen, similar to the one above. It shows the 'New Password' and 'Confirm New Password' fields, both with orange arrows pointing to them from the right. The 'Strong' password indicator and the explanatory text are also present. At the bottom, there is a blue 'Submit' button with an orange arrow pointing to it from the right.

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 Authentication: Security Questions

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

Security Question 1 *
Select...

Answer *

Security Question 2 *
Select...

Answer *

Security Question 3 *
Select...

Answer *

Submit

Log Out

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 *
Select...

Answer *

Security Question 2 *
Select...

Answer *

Security Question 3 *
Select...

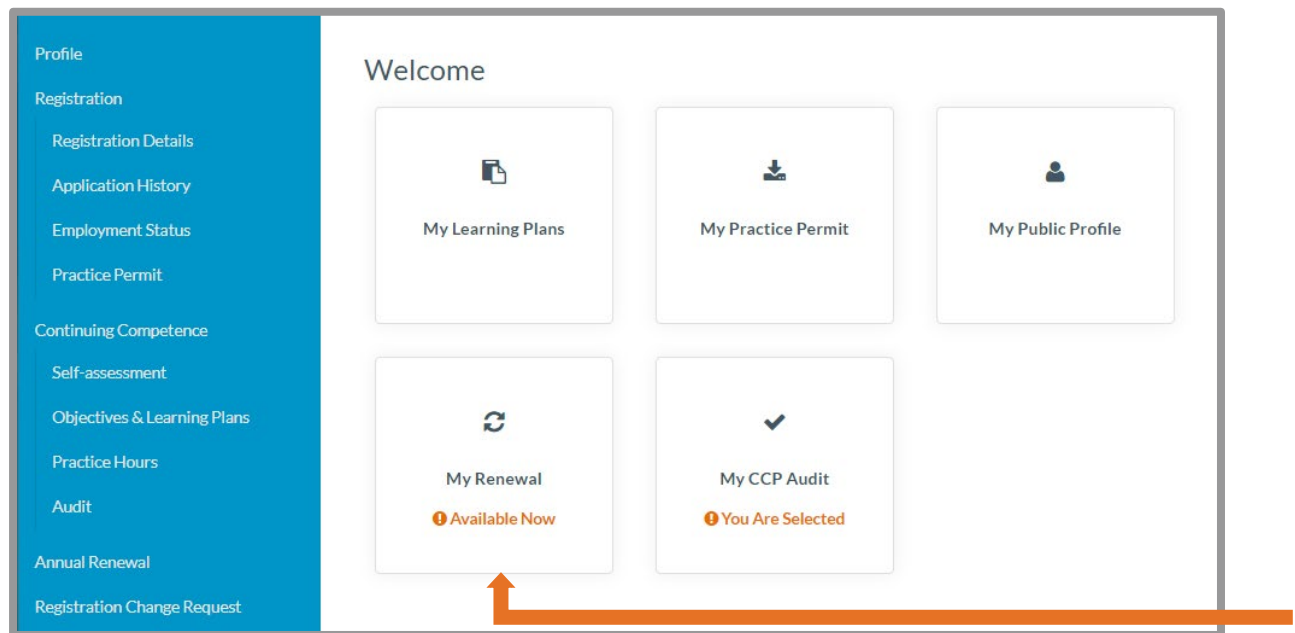
Answer *

Submit

Log Out

Next, Renew

Once you have logged in, during renewal time, your home page will look like this: Click on “My Renewal” to access your Practice Permit Renewal Application.



Step 1 – Renew Practice Permit

Check the statement “I want to renew my current Practice Permit for General Register” to proceed with the renewal.

Click [Next](#).

A screenshot of the 'Practice Permit Renewal Application' form. At the top, it says 'Practice Permit Renewal Application'. Below that is a progress bar with '1 Renew Practice Permit' and 'Step 1 of 12'. The main text reads: 'If you will be practicing as a dental assistant during the upcoming registration year (December 1 through November 30), submit this application to renew your Practice Permit. If you won't be practicing during the upcoming renewal year, you may choose to submit a [Registration Change Request](#).' There is a star icon next to a radio button labeled 'I want to renew my current Practice Permit for: General Register'. At the bottom right is a blue 'Next >' button. Two orange arrows point to the 'Registration Change Request' link and the 'Next >' button.

Note: The steps in this guide take you through applying to renew your Practice Permit. If you won't be practicing during the upcoming renewal year, click on [Registration Change Request](#). If you need more information, you can

review Transfer to Leave of Absence if you're taking a short leave from practicing and intend to return. Or, if you're taking an extended leave from practice, review Cancel Permit and Registration.

Step 2 – Deadline, Fee and Privacy Information

This page gives you information on the deadline, fees and privacy information.

Read the acknowledgement statement and check the box.

Click [Next](#).

Practice Permit Renewal Application

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Deadline, Fee and Privacy Information

Step 2 of 12

Your Practice Permit renewal deadline is November 30.

Your Practice Permit Renewal Fee is \$225.00.


We collect, use and disclose your personal information as required for reasonable matters including fulfillment of statutory requirements. We also protect the information we collect. [Learn more here](#) about what information we collect and how we use, disclose and protect it.

I Acknowledge and Understand that:

★ ☐ 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.

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Next >



Step 3 - Profile

This page has your contact information. You need to review it and make any updates to ensure your information is current.

All fields marked with * are required.

Click [Next](#).

Practice Permit Renewal Application

3 Profile Step 3 of 12

Please review the information on this page, and update it if needed, to ensure that all your information is current.

Name Update

Date of Birth *

Mailing Address

Address Line 1 *

Address Line 2

City *

Country *

Province

Primary Phone *

Alternate Phone

Email Address *

This will become your new login when changed.

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Step 4 – Current Year Competence Requirements

This page lists the competence requirements you need to complete for the current year.

Read the acknowledgement statement and check the box.

Click [Next](#).

Practice Permit Renewal Application

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Current Year Competence Requirements

Step 4 of 12


You must participate in the Continuing Competence Program (CCP) every registration year, in whole or in part, that you hold a valid practice permit. Participation in the CCP includes:

- completing a self-assessment
- creating a learning plan with a minimum of two learning objectives
- recording completed learning activities with verification
- recording practice hours or equivalency with verification.

★ ☐ I fully understand the Continuing Competence Program (CCP) requirements and I have completed the CCP requirements for the current registration year. I understand that failure to comply with any or all CCP requirements may result in cancellation or suspension of my Registration and/or Practice Permit, and subsequent notification pursuant to statutory requirements.

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Step 5 – Learning Objectives for Next Year

You must record at least 2 proposed learning objectives that you will complete in the upcoming plan year.

Click on **+Add CCP Objective** to record your proposed learning objectives.

If you see a message in yellow, you have not completed entering your learning objectives and may need to “Edit” or “Add” an objective.

Practice Permit Renewal Application

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Learning Plans for Next Year

Step 5 of 12

You must record at least 2 proposed Learning Plans that you intend to complete in Plan Year 2023.

You must choose “Proposed” for the Status.

Plan Year	Competency No.	Learning Objective	Status	Completion Date
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+ Add CCP Objective

★ You have not yet met this requirement.

Record your proposed Learning Plans by clicking the “+Add CCP Objective” button above.

Need help? [Review our Learning Records – How to Guide.](#)

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When you have 2 proposed learning objectives entered, click [Next](#).

Practice Permit Renewal Application

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Learning Plans for Next Year

Step 5 of 12

You must record at least 2 proposed Learning Plans that you intend to complete in Plan Year 2023.

You must choose "Proposed" for the Status.

Plan Year	Competency No.	Learning Objective	Status	Completion Date	
2023	b-4-1	abababa	Proposed	N/A	<div>Edit</div> <div>Delete</div>

+ Add CCP Objective

You have not yet met this requirement.

Record your proposed Learning Plans by clicking the "+Add CCP Objective" button above.

Need help? [Review our Learning Records - How to Guide.](#)

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Practice Permit Renewal Application

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Learning Plans for Next Year

Step 5 of 12

You must record at least 2 proposed Learning Plans that you intend to complete in Plan Year 2023.

You must choose "Proposed" for the Status.

Plan Year	Competency No.	Learning Objective	Status	Completion Date	
2023	jjhg	dhg	Proposed	N/A	<div>Edit</div> <div>Delete</div>
2023	dsafas	fadsfasd	Proposed	N/A	<div>Edit</div> <div>Delete</div>

★ You have met this requirement and can continue to the next step

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Step 6 – 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 the acknowledgement statement and check the box.

Click [Next](#).

Practice Permit Renewal Application

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Patient Relations Module Requirement

Step 6 of 12

Before renewing your Practice Permit you must complete the Patient Relations Module.

The Module is a one-time requirement. It doesn't matter when you completed the Module, as long as you've done it.


If you haven't completed it yet, you must do so before you can continue with this renewal application. You'll find the Patient Relations Module in our [Professional Practice Learning Centre](#).

Not sure if you've completed the module, go to our [Professional Practice Learning Centre](#) 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.

★ ☐ I have completed the Patient Relations Module. I fully understand that failure to comply may result in cancellation or suspension of my Registration and/or Practice Permit, and subsequent notification pursuant to statutory requirements

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Step 7 – 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.

Practice Permit Renewal Application

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Employment Information

Step 7 of 12



You must review and update/confirm each of your employment records. Follow these steps:

1. Click Edit.
2. Enter missing information, if applicable.
3. Update incorrect information, if applicable.
4. Check "The information for this Employment Status is up to date."
5. Click Save.
6. Repeat these steps for each employment record shown below.

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

You can proceed to the next step when:

- your employment records all show "Yes" in the Updated column, and
- you have at least one employment record without an End Date

Employer	Status	Updated/Confirmed	
N/A	Caring for Family	Yes	<div> Edit</div> ←
abc	Employed in dental field	Yes	<div> Edit</div>

+ Add Employment

 ←

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Next >

Add Employment Status

Select the employment status that applies to your current situation.

Employment Status *

Select...

▼

Start Date *

YYYY-MM-DD

☐ The information for this Employment Status is up to date.

✕ Cancel

✓ Create



Add Employment Status

Select the employment status that applies to your current situation.

Employment Status *

Employed in dental field

▼

Employer Name *

Employer City *

Employer Address *

Employment Start Date *

YYYY-MM-DD

Average hours per week *

Select...

▼

Employer Phone *

Employer Email

Primary Role *

Select...

▼

Employment Setting *

Select...

▼

☐ The information for this Employment Status is up to date.

✕ Cancel

✓ Create



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

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

Click **Save**.

Edit Employment

Enter the last date this employment status applied to you as your End Date.

Employment Status * Caring for Family

Start Date * 2021-07-01

End Date * YYYY-MM-DD

☐ The information for this Employment Status is up to date.

Existing employment details must either have an end date or be flagged as containing up to date information.

Cancel Save

You need to ensure your employment records all show “Yes” in the Updated/Confirmed column, and you have at least one employment record without an End Date.

Click **Next**.

Practice Permit Renewal Application

7 Employment Information Step 7 of 12

You must review and update/confirm each of your employment records. Follow these steps:

1. Click Edit.
2. Enter missing information, if applicable.
3. Update incorrect information, if applicable.
4. Check “The information for this Employment Status is up to date.”
5. Click Save.
6. Repeat these steps for each employment record shown below.

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

You can proceed to the next step when:

- your employment records all show “Yes” in the Updated column, and
- you have at least one employment record without an End Date

Employer	Status	Updated/Confirmed
N/A	Caring for Family	Yes

+ Add Employment

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Step 8 – Professional Liability Insurance

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

- After you enter your information, make sure to check the box stating, “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.”
- Click on Upload File to include a copy of your PLI certificate

Click [Next](#).

Practice Permit Renewal Application

8 Professional Liability Insurance

Step 8 of 12

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 *

YYYY-MM-DD

Policy Period End Date *

YYYY-MM-DD

☐ 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.

Upload File

0 files uploaded.

Please upload your PLI supporting document.

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Step 9 – Applicant's Statement – My Responsibilities

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

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

Click [Next](#).

Practice Permit Renewal Application

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Applicant's Statement - My Responsibilities

Step 9 of 12


I have complied with these Reporting Requirements:

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

☐ 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 Registration and/or Practice Permit, and subsequent notification pursuant to statutory requirements.

☐ I agree ☐ I disagree 

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Step 10 – Applicant's Statement – True and Correct Application

Read and check the acknowledgement statement certifying the information in the application is true and correct.

Click [Next](#).

Practice Permit Renewal Application

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Applicant's Statement – True and Correct Application

Step 10 of 12

★ ☐ I certify that the information given and made part of this application is true and correct in every aspect.

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Step 11 – Terms and Conditions

Read the terms and conditions.

Click [Accept](#).

Practice Permit Renewal Application

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Terms and Conditions

Step 11 of 12

- The registration cycle begins December 1 and ends on November 30 of the following year.
- Once your application is approved, fees are non-refundable.
- If you don't renew before December 1, you won't be authorized to practice as a dental assistant and your registration will be suspended.
- Fees are subject to change at any time.
- The official receipt of payment will only be issued in the name of the registrant.

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Accept >



Step 12 – Fee and Payment Information

Enter your information to submit your fee payment. The fee is \$225.00.

Click [Process Payment](#).

Practice Permit Renewal Application

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Fee and Payment Information

Step 12 of 12

Summary

	(\$) Amount
Practice Permit Renewal Fee	225.00
Total	225.00

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 *

Select...

Expiration Date *

January

2022

Security Code (3 digits on back of card) *

Process Payment

✓ Your application is approved

Congratulations, we've approved your Practice Permit Renewal renewal.

You can access your updated Practice Permit in the Registration menu to the left.

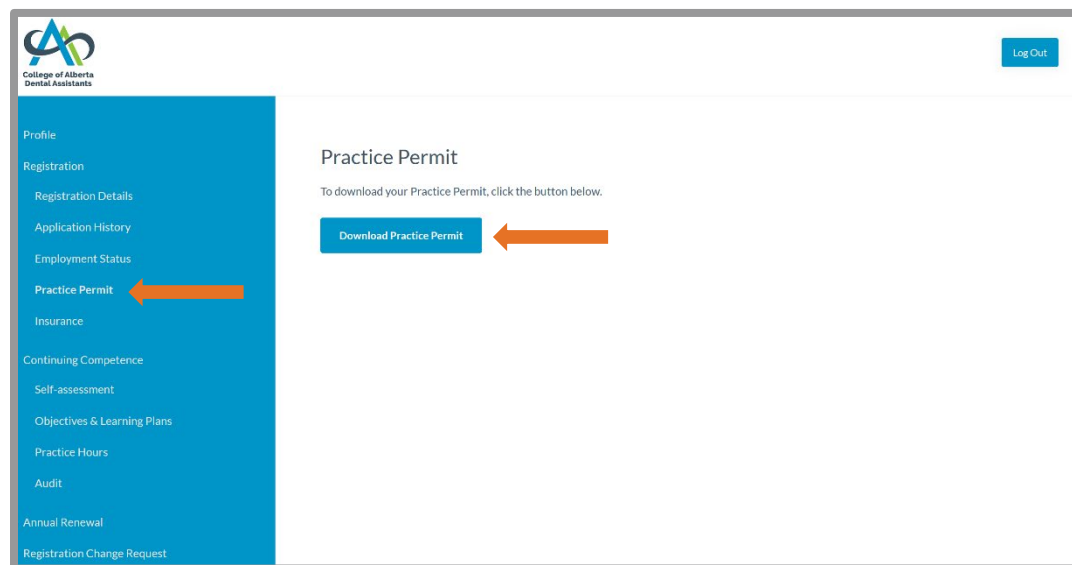
A Few More Things

After you submit your Practice Permit Renewal Application, and we approve it, you can print your new Practice Permit and receipt.

Printing your Practice Permit

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

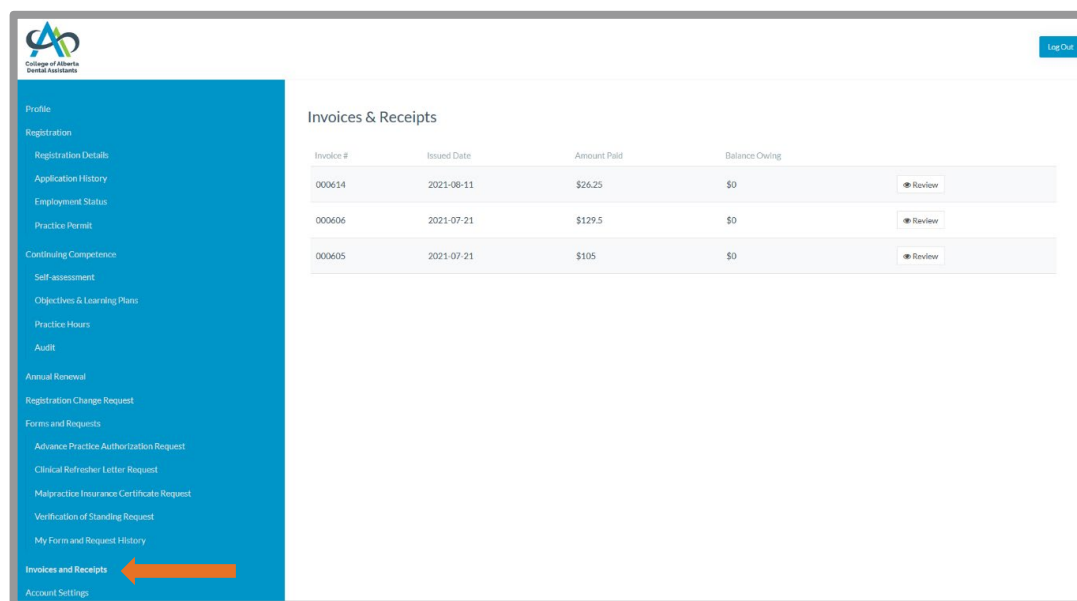
Click [Download Practice Permit](#). After you downloaded it you can send it to print.



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.



Important Dates and Information

Our registration and Practice Permit year goes from December 1 – November 30.

We will send you an email when you can access your Practice Permit Renewal Application form.

The renewal **deadline is November 30**. You must complete your renewal requirements and submit your Practice Permit Renewal Application by November 30.

If you don't renew by November 30, we will suspend your Practice Permit on December 1 and notify your employer that you are not eligible to practice until you reinstate your Practice Permit. If we suspend your Practice Permit and you have not reinstated it after 30 days, we will cancel your registration and Practice Permit. At that point, you must apply for registration again before you can practice.