



**College of Alberta
Dental Assistants**

Applying for Registration

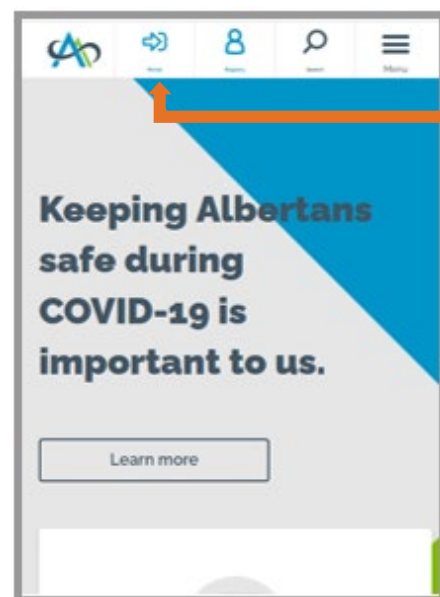
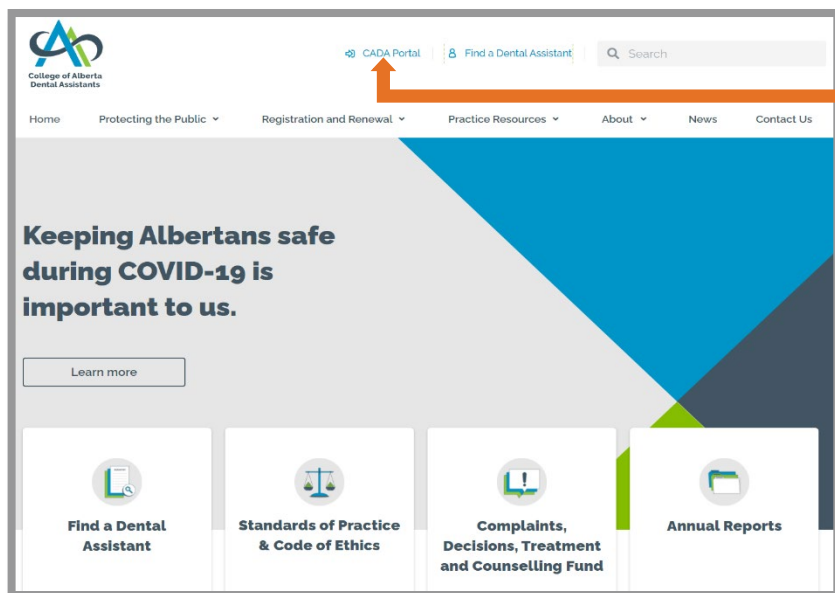
Guide for Labour Mobility Applicants

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

Follow this guide if you are a dental assistant in another Canadian province where dental assisting is regulated (it is not regulated in Ontario and Quebec).

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.

A screenshot of the CADA Portal login page. The top navigation bar includes links for Home, About, News, and Contact Us. The main content area features a large banner with the text 'Keeping Albertans safe during COVID-19 is important to us.' and a 'Learn more' button. Below the banner are four tiles: 'Find a Dental Assistant', 'Standards of Practice & Code of Ethics', 'Complaints, Decisions, Treatment and Counselling Fund', and 'Annual Reports'. The login form includes fields for Email and Password, a 'Sign In >' button, and a 'Forgot Password' link. At the bottom, there is a link to 'Activate now!' for new applicants. An orange arrow points from the 'Activate now!' link in the bottom screenshot of the previous page to this link.

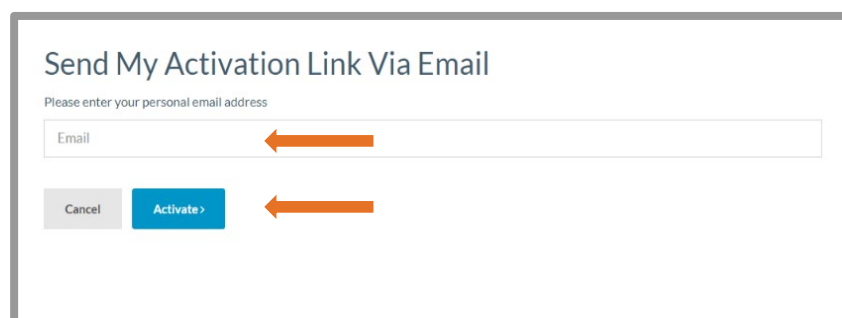
You will now be at the Send My Activation Link screen.

IMPORTANT NOTES

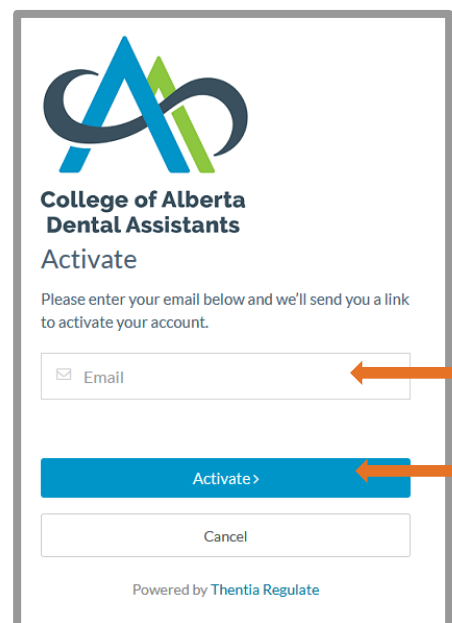
- Your email address will become your username. The email field and username field are both **case sensitive**. The way you enter your email address here is how you must enter it as your username each time you sign in.
- Before you click Activate, add **contact@abrda.ca** to your email contacts/address 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.

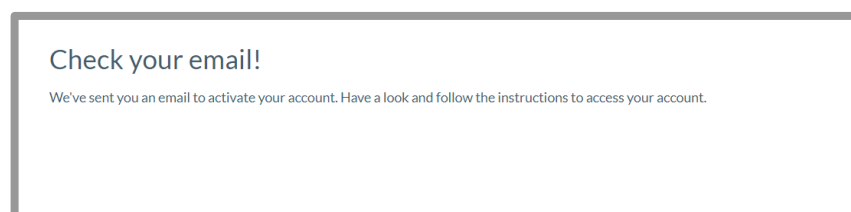


This screenshot shows a web form titled "Send My Activation Link Via Email". Below the title is a prompt: "Please enter your personal email address". There is a text input field labeled "Email" with an orange arrow pointing to it from the right. Below the input field are two buttons: a grey "Cancel"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

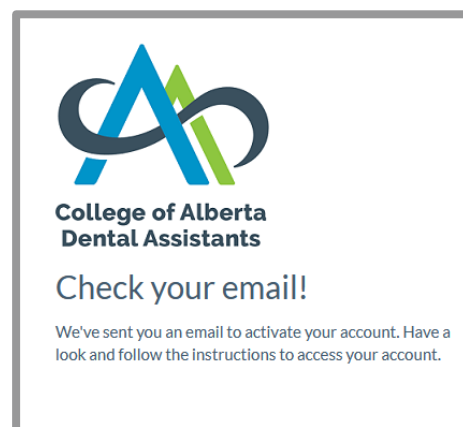


This screenshot shows the "Activate" page for the College of Alberta Dental Assistants. At the top is the organization's logo. Below the logo is the heading "Activate". A prompt reads: "Please enter your email below and we'll send you a link to activate your account." There is a text input field labeled "Email" with an orange arrow pointing to it from the right. Below the input field is a large blue "Activate >" button with an orange arrow pointing to it from the right, and a grey "Cancel" button below it. 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.



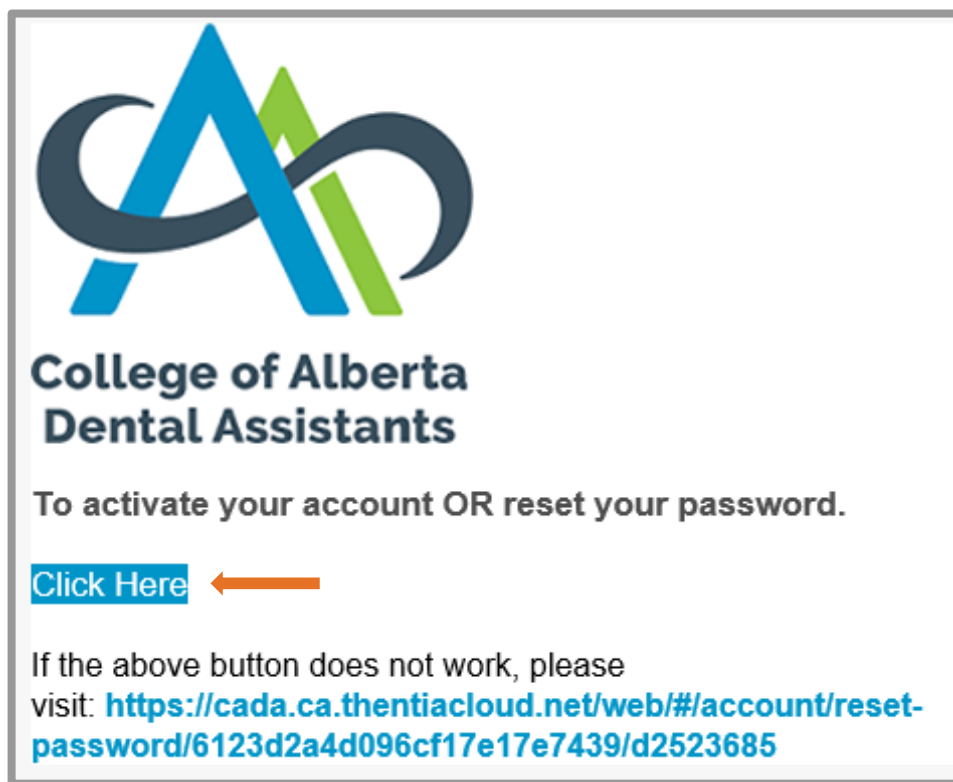
This screenshot shows a confirmation message titled "Check your email!". Below the title, it says: "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."



This screenshot shows the "Check your email!" page for the College of Alberta Dental Assistants. At the top is the organization's logo. Below the logo is the heading "Check your email!". Below the heading, it says: "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.

A screenshot of the 'Reset Password' form. The form has a header with the College of Alberta Dental Assistants logo and a 'Sign In' button. The main heading is 'Reset Password'. There are two input fields: 'New Password' and 'Confirm New Password'. Both fields have orange arrows pointing to them. Below the 'New Password' field, there is a green box labeled 'Strong' with an orange arrow pointing to it. Below the 'Confirm New Password' field, there is a blue button labeled 'Submit' with an orange arrow pointing to it. A paragraph of text explains the password requirements: '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.'A screenshot of the 'Reset Password' form, similar to the previous one but with a password strength indicator. The 'New Password' field has a small 'P' icon to its right. The 'Confirm New Password' field also has a small 'P' icon to its right. The 'Submit' button is now a solid blue bar at the bottom of the form, with an orange arrow pointing to it. The password strength indicator 'Strong' is still present with an orange arrow pointing to it.

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.

College of Alberta
Dental Assistants

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

College of Alberta
Dental Assistants

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

You will now be at the Welcome screen.

Select this Category: *Labour Mobility*.

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

Click on the **Start** button.

This screenshot shows the 'Welcome' screen for Labour Mobility applicants. At the top, it says 'Welcome' and 'How are you applying with us?'. Under 'Choose Category', there are four radio button options: 'Accredited Education', 'Non-Accredited Education', 'Labour Mobility' (which is selected and highlighted with an orange arrow), and 'NDAEB in Progress (Provisional)'. Below these is 'Student Membership'. A link 'Learn more here' is provided for each category. Below the categories, there are two buttons: 'Registration Information' and 'Student Membership Information'. A paragraph of text explains that personal information is collected, used, and disclosed, and provides a link to learn more. At the bottom, there is a checkbox labeled 'I Acknowledge and Understand that: By using this application, 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.' which is checked and highlighted with an orange star. A 'Start >' button is at the bottom right.

This screenshot shows the 'Welcome' screen for Labour Mobility applicants, similar to the previous one but with additional annotations. It includes the same 'Choose Category' section with 'Labour Mobility' selected. Below the category selection, there are two buttons: 'Registration Information' and 'Student Membership Information'. A paragraph of text explains that personal information is collected, used, and disclosed, and provides a link to learn more. At the bottom, there is a checkbox labeled 'I Acknowledge and Understand that: By using this application, 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.' which is checked and highlighted with an orange star. A 'Start >' button is at the bottom right, highlighted with an orange arrow.

You are now at 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 have current dental assisting practice rights in a Canadian province where dental assisting is a regulated profession.

Requirements

1. demonstrate current dental assisting registration/certification/license (practice rights) in a Canadian province where dental assisting is a regulated profession (regulated jurisdiction)*, and
 - your practice rights must be in good standing, and
 - your practice rights must not be limited in any way.
2. 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
3. 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).
4. submit this application form, the Initial Registration Assessment Fee and Annual Registration Fee

[Fee Information](#)

*At this time Ontario and Quebec are not regulated jurisdictions.

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

You are now 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).


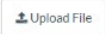
Upload verification (e.g., marriage certificate) for each instance of a name change, if applicable.

Enter your Profile information.

Profile



Identification

Include a copy of Canadian government issued identification that has your legal name and date of birth. (e.g. driver's license, passport, resident card, citizenship card)



0 files uploaded.

If your legal name is different than the name on any of your verification documents, you must also include a copy of legal documents that verify your name change. (e.g. marriage certificate, legal name change document)




0 files uploaded.

In the Given, Middle and Last Name areas, provide your legal name as it appears on your identification. If you go by a different given name, provide it as your Preferred Name.



Gender *

Select...




Date of Birth *


YYYY-MM-DD




Given Name *




Preferred Name



Middle Name



Last Name *



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.


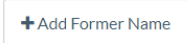
Languages:

- 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 *

Select... ▾

Primary Phone *

Alternate Phone

Email Address *

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You are now on the Current Practice Requirement screen.

Check the box.

Click on the [Next](#) button.

Current Practice Requirement

Labour Mobility

☒ I have current practice rights as a dental assistant in a regulated Canadian jurisdiction.

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

You are now on the Other Registrations screen.

If you select “Yes”, click on [+Add Other Registration](#) to tell us about your practice rights in any regulated profession including dental assisting.

Click [Next](#)

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

You are now on the Add Other Registration screen.

Enter the registration details.

Upload any verification documents

Click on the [Create](#) button.

Add Other Registration

Name of organization you have/had practice rights with *

Your practice rights started on this date * YYYY-MM-DD

Your practice rights are/were until this date * YYYY-MM-DD

Your Registration/Certification/License Number

Additional details

Upload any relevant files here.

0 files uploaded.

Orange arrows point to the organization name field, the start date field, the end date field, the 'Upload File' button, and the 'Create' button.

If you select “No”, click on [Next](#)

Other Registrations

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

☐ Yes

☒ No

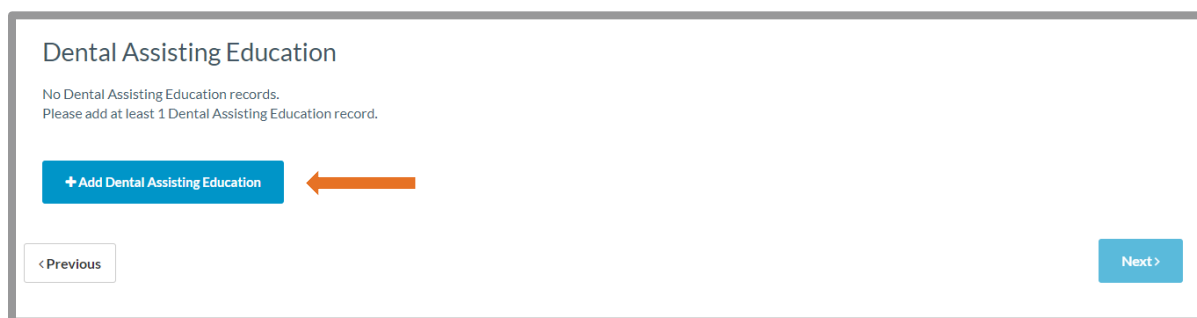
Orange arrows point to the 'No' radio button and the 'Next >' button.

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.

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

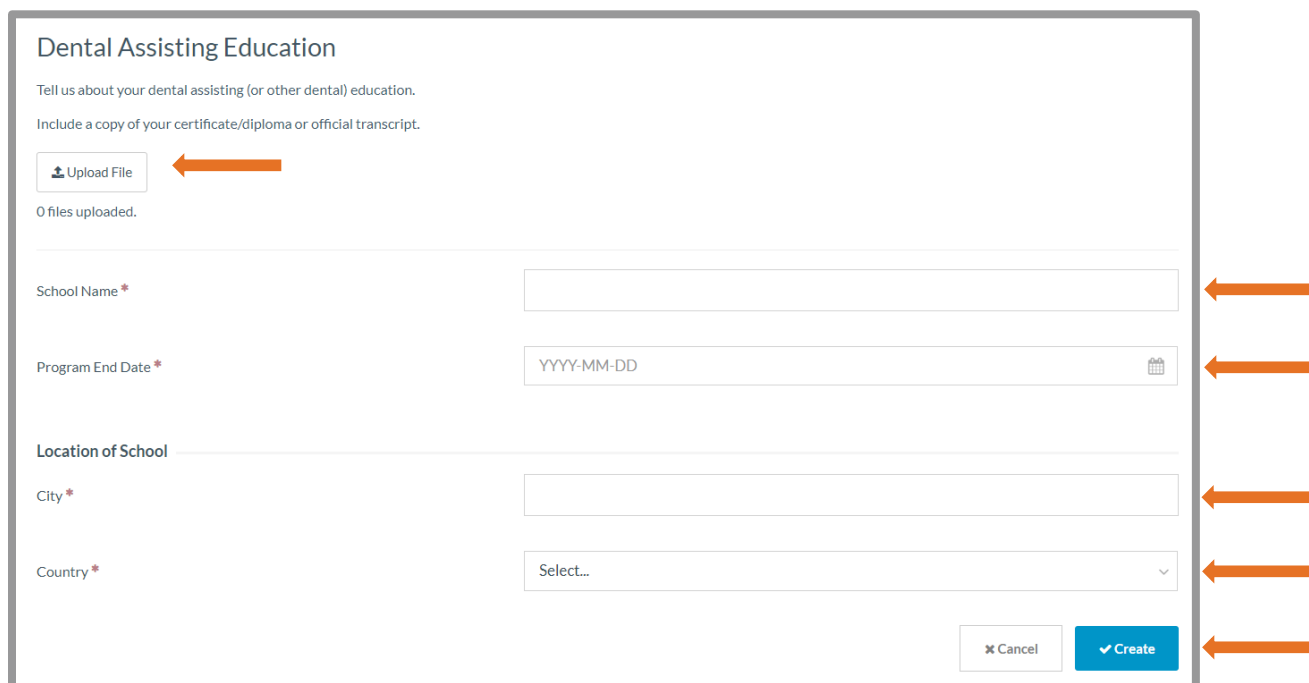


The screenshot shows a box titled "Dental Assisting Education". Inside, it says "No Dental Assisting Education records. Please add at least 1 Dental Assisting Education record." There is a blue button with a plus icon and the text "+ Add Dental Assisting Education". An orange arrow points to this button. At the bottom left is a "< Previous" button, and at the bottom right is a "Next >" button.

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

Enter the program details.

Click on the **Create** button.



The screenshot shows a form titled "Dental Assisting Education" with the instructions "Tell us about your dental assisting (or other dental) education. Include a copy of your certificate/diploma or official transcript." The form has several sections: a file upload section with an "Upload File" button (indicated by an orange arrow) and "0 files uploaded."; a "School Name*" field; a "Program End Date*" field with a date picker showing "YYYY-MM-DD"; a "Location of School" section with a "City*" field and a "Country*" dropdown menu (indicated by an orange arrow). At the bottom right are "Cancel" and "Create" buttons (indicated by an orange arrow). On the right side of the form, four orange arrows point to the "School Name", "Program End Date", "Country", and "Create" buttons.

Your dental assisting education record will appear on the screen.

Click on the **Next** button.

Dental Assisting Education

School Name	Program End Date	
abc	2021-05-10	Edit Delete

[+ Add Dental Assisting Education](#)

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

Dental Assisting Education

School Name: abc
End Date: 2021-05-10

[Edit](#) [Delete](#)

[+ Add Dental Assisting Education](#)

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

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.

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 >](#)

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. *

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

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.

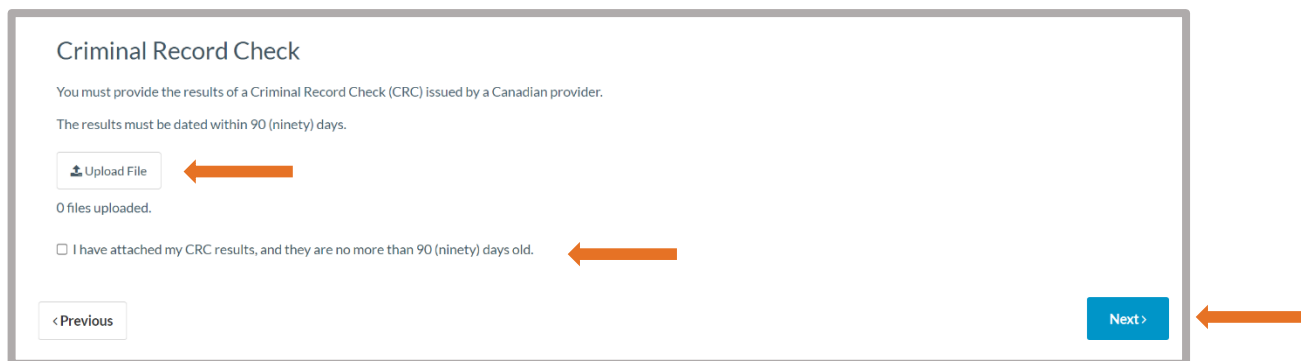
IMPORTANT NOTE

- 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.

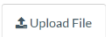

Read and check the acknowledgement statement.

Click on the **Next** button.







Criminal Record Check

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.

0 files uploaded.

☐ I have attached my CRC results, and they are no more than 90 (ninety) days old. 

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 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.

<Previous

Next>

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.

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 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.

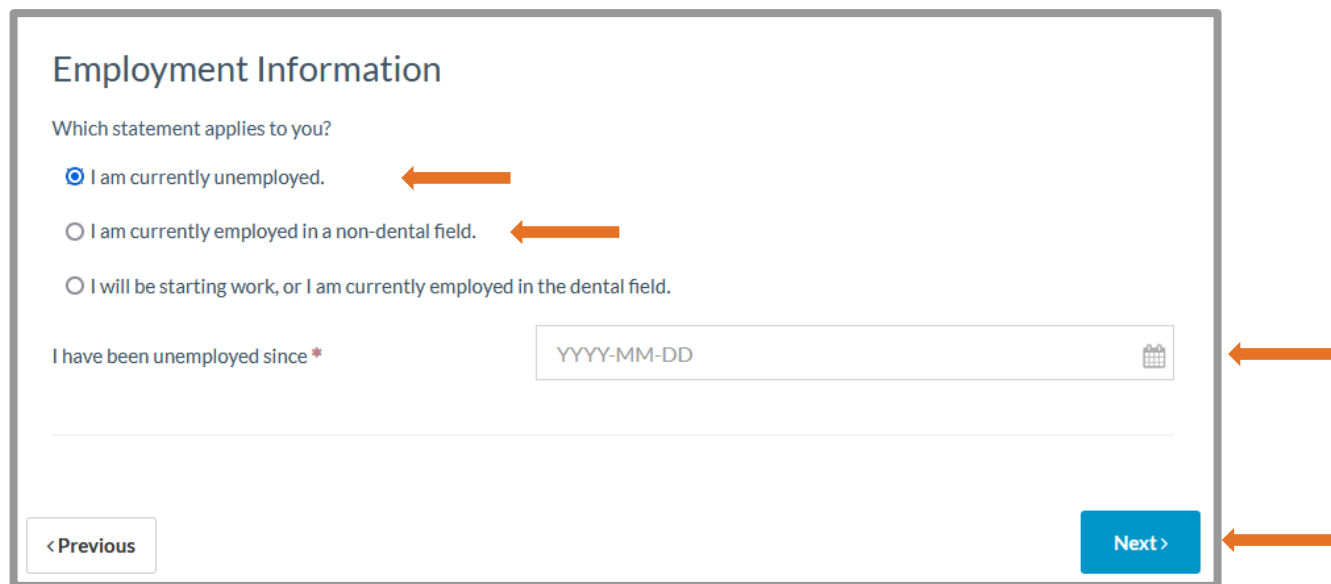
☐ I will be starting work, or I am currently employed in the dental field.

[< 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.

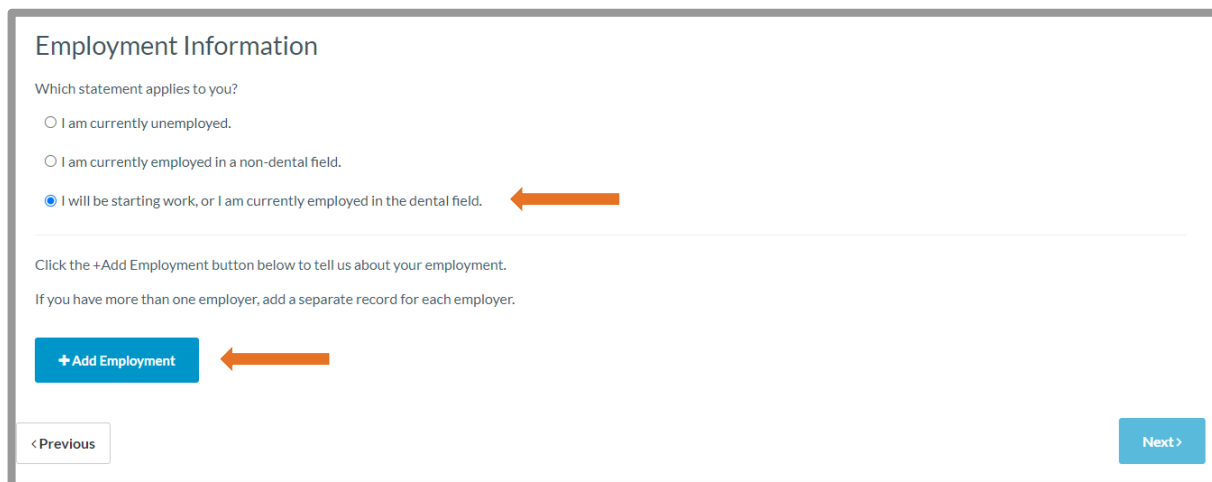
Click on the **Next** button.



The screenshot shows the 'Employment Information' form. The title 'Employment Information' is at the top. Below it, the question 'Which statement applies to you?' is followed by three radio button options. The first option, 'I am currently unemployed.', is selected with a blue dot and has an orange arrow pointing to it. The second option, 'I am currently employed in a non-dental field.', also has an orange arrow pointing to it. The third option, 'I will be starting work, or I am currently employed in the dental field.', is not selected. Below the options is a text input field labeled 'I have been unemployed since *' with a placeholder 'YYYY-MM-DD' and a calendar icon. An orange arrow points to this field. At the bottom left is a '< Previous' button, and at the bottom right is a 'Next >' button, with an orange arrow pointing to 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, the question 'Which statement applies to you?' is followed by three radio button options. The first option, 'I am currently unemployed.', is not selected. The second option, 'I am currently employed in a non-dental field.', is not selected. The third option, 'I will be starting work, or I am currently employed in the dental field.', is selected with a blue dot and has an orange arrow pointing to it. Below the options is a text input field labeled 'Click the +Add Employment button below to tell us about your employment.' and another line of text 'If you have more than one employer, add a separate record for each employer.' Below this is a blue button with a white plus sign and the text '+Add Employment', with an orange arrow pointing to it. At the bottom left is a '< Previous' button, and at the bottom right is a 'Next >' 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 fields: "Employment Status" with a dropdown menu showing "Select...", "Start Date" with a text input showing "YYYY-MM-DD" and a calendar icon, and a checkbox labeled "The information for this Employment Status is up to date." At the bottom right are "Cancel" and "Create" buttons. Four orange arrows point to the dropdown menu, the date field, the checkbox, and 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.

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...

Work Phone *

Work Email

Primary Role *

Select...

Employment Setting *

Select...

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

✕ Cancel

✓ Create

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	 Edit ←

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

+ Add Employment ←

< Previous **Next >** ←

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

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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.

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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 *

Select...


Expiration Date *

January

2020

Security Code (3 digits on back of card) *

Process Payment



You will now be at the Application Submitted screen.

. 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.