



**College of Alberta
Dental Assistants**

Applying for Registration

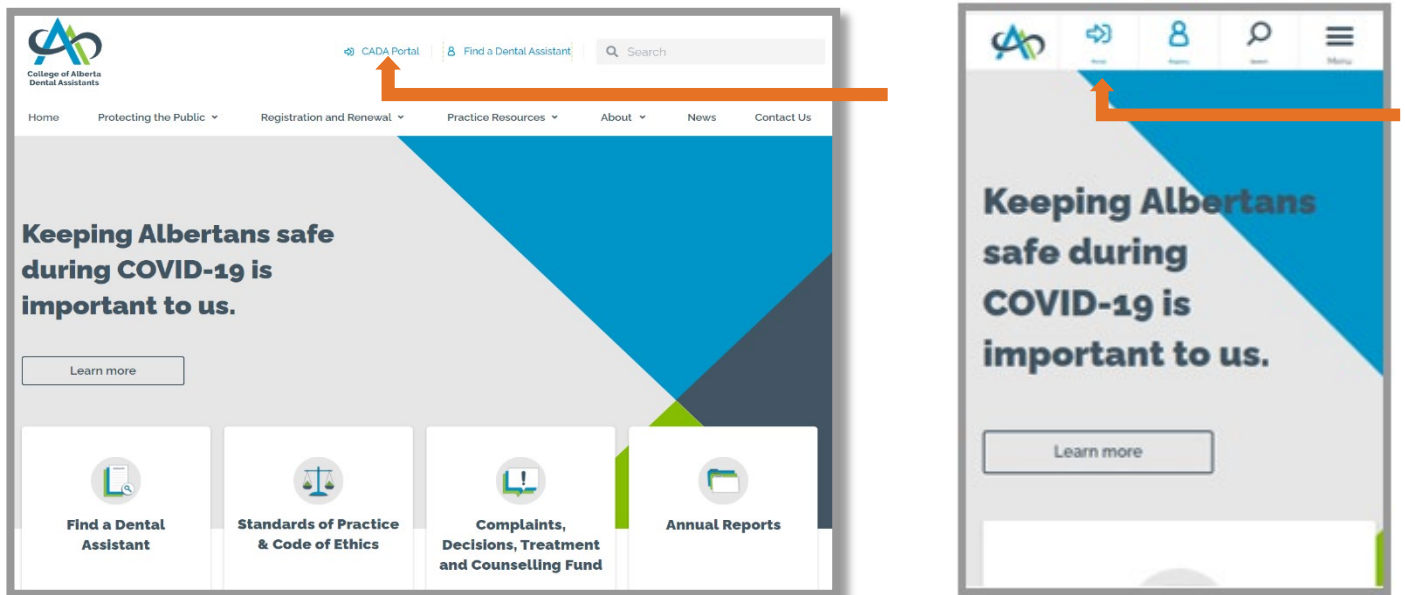
Guide for NDAEB in Progress (Provisional) Applicants

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

Follow this guide if you are eligible to apply for registration and a provisional practice permit while you are completing your NDAEB requirements.

The Portal

You need to go to the CADA Portal to apply for registration. To get there, 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.

The image shows the CADA Portal login page. On the left is the College of Alberta Dental Assistants logo. To the right of the logo is the text 'CADA Portal' with a star icon. Below this are two input fields: 'Email' and 'Password'. Below the input fields are two buttons: 'Sign In >' and 'Forgot Password'. At the bottom of the page, there is a light blue box containing the text 'Are you a new applicant? [Activate now!](#)'. An orange arrow points to 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.

Send My Activation Link Via Email

Please enter your personal email address

Email

Cancel Activate >



**College of Alberta
Dental Assistants**

Activate

Please enter your email below and we'll send you a link to activate your account.

Email

Activate >


Cancel

Powered by Thentia Regulate

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

Check your email!

We've sent you an email to activate your account. Have a look and follow the instructions to access your account.



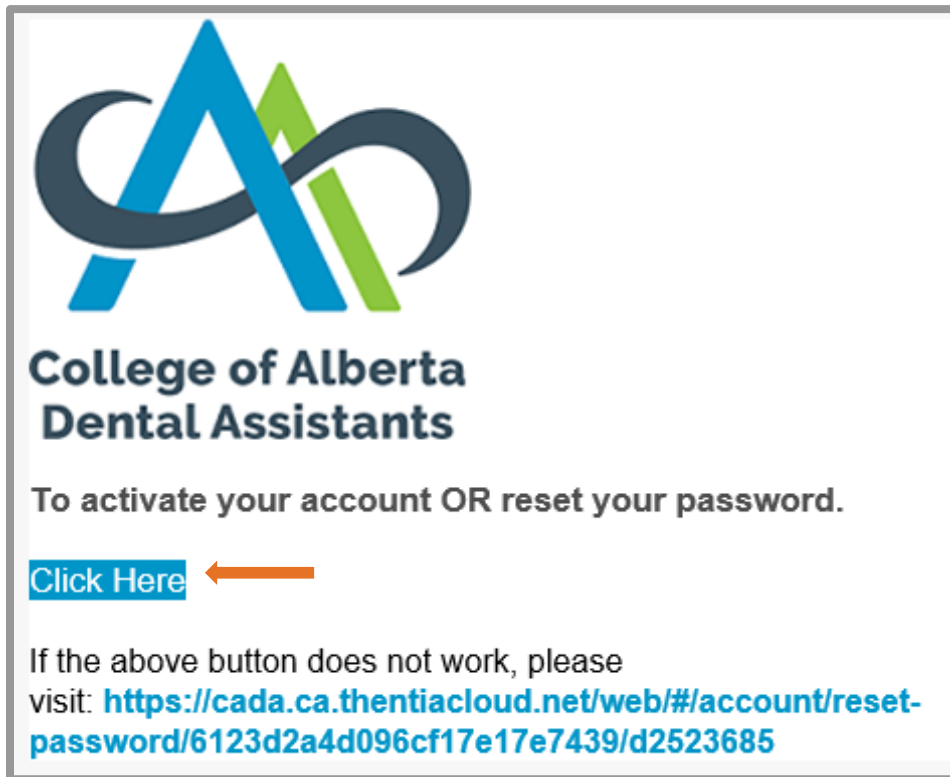
**College of Alberta
Dental Assistants**

Check your email!

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. 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 is the 'New Password' field, which is empty and has an orange arrow pointing to it. Below the field is a green box with the word 'Strong' and an orange arrow pointing to it. Below that is a text block: '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.' Below this is the 'Confirm New Password' field, which is empty and has an orange arrow pointing to it. At the bottom left is a blue 'Submit' button with an orange arrow pointing to it.A screenshot of the 'Reset Password' form, similar to the previous one, but with the 'New Password' field filled with dots. Below the field is a green box with the word 'Strong' and an orange arrow pointing to it. Below that is the same text block as the previous form. Below that is the 'Confirm New Password' field, which is also filled with dots and has an orange arrow pointing to it. At the bottom right is a blue 'Submit' button 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 *

Answer *

Security Question 2 *

Answer *

Security Question 3 *

Answer *

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 *

Answer *

Security Question 2 *

Answer *

Security Question 3 *

Answer *

You will now be at the Welcome screen.

Select this Category: *NDAEB in Progress (Provisional)*.

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

Click on the **Start** button.

This screenshot shows the 'Welcome' screen of an application portal. It features a 'Choose Category' section with four radio button options: 'Accredited Education', 'Non-Accredited Education', 'Labour Mobility', and 'NDAEB in Progress (Provisional)'. An orange arrow points to the 'NDAEB in Progress (Provisional)' option. Below this, there are two buttons: 'Apply for Registration Information' and 'Apply for Student Membership Information'. A star icon is placed to the left of the 'I Acknowledge and Understand' checkbox, which is checked. An orange arrow points to the 'Start >' button at the bottom right.

Welcome

How are you applying with us?

Choose Category

☐ Accredited Education

☐ Non-Accredited Education

☐ Labour Mobility

☒ NDAEB in Progress (Provisional)

☐ Student Membership

If you are not sure which category applies to you, review our:

[Apply for Registration Information](#)

[Apply for Student Membership Information](#)

When you use our application, we collect, use and disclose your personal information. We also protect the information we collect. [Learn more here](#) here about what information we collect and how we use, disclose and protect it.

☒ 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 fulfilment of statutory requirements.

[Start >](#)

This screenshot shows the 'Welcome' screen of an application portal, similar to the one on the left but with a different layout. It features a 'Choose Category' section with four radio button options: 'Accredited Education', 'Non-Accredited Education', 'Labour Mobility', and 'NDAEB in Progress (Provisional)'. An orange arrow points to the 'NDAEB in Progress (Provisional)' option. Below this, there are two buttons: 'Apply for Registration Information' and 'Apply for Student Membership Information'. A star icon is placed to the left of the 'I Acknowledge and Understand' checkbox, which is checked. An orange arrow points to the 'Start >' button at the bottom right.

Welcome

How are you applying with us?

Choose Category

☐ Accredited Education

☐ Non-Accredited Education

☐ Labour Mobility

☒ NDAEB in Progress (Provisional)

☐ Student Membership

If you are not sure which category applies to you, review our:

[Apply for Registration Information](#)

[Apply for Student Membership Information](#)

When you use our application, we collect, use and disclose your personal information. We also protect the information we collect. [Learn more here](#) here about what information we collect and how we use, disclose and protect it.

☒ 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 fulfilment of statutory requirements.

[Start >](#)

You are now at the Introduction screen.

This information explains our requirements to apply for registration and a provisional 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 Provisional Practice Permit if:

- you graduated from an accredited* dental assisting program within the last three years, and
- you are scheduled to write the National Dental Assisting Examining (NDAEB) Written Exam

OR

- you graduated from a non-accredited* dental assisting (or other dental) program,
- you passed the NDAEB Written Exam, and
- you were successful in some but not all skills of the NDAEB Clinical Practice Evaluation (CPE) or you completed intra-oral upgrading at an accredited* dental assisting program within the last three years

OR

- you are enrolled in an accredited* distance delivery program, and
- you completed at least one intra-oral course within the last three years

*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 within the last three years and be scheduled to write the NDAEB exam, or
 - graduate from a non-accredited dental assisting (or other dental) program, pass the NDAEB exam, and pass at least one skill in the NDAEB Clinical Practice Evaluation (CPE) or complete intra-oral upgrading at an accredited* dental assisting program within the last three years, or
 - be enrolled in an accredited* distance delivery program and complete at least one intra-oral course within the last three years
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

Next

Previous

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.

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

- Identification**
 - Text: '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)'
 - Field: 'Upload File' button (arrow points here)
 - Text: '0 files uploaded.'
 - Text: '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)'
 - Field: 'Upload File' button (arrow points here)
 - Text: '0 files uploaded.'
- Name Information**
 - Text: '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.'
 - Field: 'Gender *' dropdown menu (arrow points here)
 - Field: 'Date of Birth *' date picker (arrow points here)
 - Field: 'Given Name *' text input (arrow points here)
 - Field: 'Preferred Name' text input (arrow points here)
 - Field: 'Middle Name' text input
 - Field: 'Last Name *' text input (arrow points here)

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.

The screenshot shows the 'Former Name(s)' and 'Languages' sections of the form:

- Former Name(s)**
 - Text: 'If your name has changed since birth, provide all names you have previously used as your Former Name(s)'
 - Field: 'My name has not changed since birth' checkbox (arrow points here)
 - Field: '+ Add Former Name' button (arrow points here)
- Languages**
 - Text: 'Which language(s) can you use to provide dental assisting services?'
 - Field: '+ Add Language' button (arrow points here)

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 *

< Previous

Next >

You are now at the Entry to Practice Requirement screen.

Select the entry to practice requirement you meet.

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

Entry to Practice Requirement

You must meet at least one of the requirements in this section.

Which of the following requirements do you meet?

- ☐ I graduated from an accredited dental assisting program within the last three years and I am scheduled to write the NDAEB exam.
- ☐ I graduated from a non-accredited dental assisting (or other dental) program, passed the NDAEB exam, and partially completed the NDAEB CPE or intra-oral education.
- ☐ I am enrolled in an accredited distance delivery program and I have completed at least one intra-oral course.

< Previous

Next >

If you select the first option “I graduated from an accredited dental assisting program within the preceding three years and are scheduled to write the NDAEB exam.”, you’ll need to:

Select which exam attempt you are on.

Upload verification to confirm you are scheduled to sit the next NDAEB exam (e.g., a copy of your NDAEB letter or the email from the online exam provider confirming your exam date).

Click on the **Next** button.

Entry to Practice Requirement

You must meet at least one of the requirements in this section.

Which of the following requirements do you meet?

- ☒ I graduated from an accredited dental assisting program within the last three years and I am scheduled to write the NDAEB exam.
- ☐ I graduated from a non-accredited dental assisting (or other dental) program, passed the NDAEB exam, and partially completed the NDAEB CPE or intra-oral education.
- ☐ I am enrolled in an accredited distance delivery program and I have completed at least one intra-oral course.

This is my ☐ 1st ☐ 2nd ☐ 3rd attempt at writing the NDAEB exam.

Include a copy of your letter from the NDAEB that confirms your exam date.

Upload File

0 files uploaded.

< Previous

Next >

If you select the second option “I graduated from a non-accredited program, passed the NDAEB exam and partially completed the NDAEB clinical practice evaluation (CPE) or intra-oral education.” you’ll need to:

Upload a copy of your NDAEB results letter.

Upload a copy of your NDAEB CPE results letter and/or verification of intra-oral upgrading (e.g., letter/certificate/transcript issued by educational institute).

Click on the **Next** button.

The screenshot shows a web form titled "Entry to Practice Requirement". It contains a heading "You must meet at least one of the requirements in this section." followed by the question "Which of the following requirements do you meet?". There are three radio button options. The second option, "I graduated from a non-accredited dental assisting (or other dental) program, passed the NDAEB exam, and partially completed the NDAEB CPE or intra-oral education.", is selected. Below this option, there are two bullet points: "include a copy of your NDAEB exam results letter, and" and "include a copy of your NDAEB CPE results letter, or verification of intra-oral upgrading". Each bullet point has an "Upload File" button below it. At the bottom of the form, there are two buttons: "< Previous" and "Next >". Orange arrows point to the selected radio button, the two "Upload File" buttons, and the "Next >" button.

Entry to Practice Requirement

You must meet at least one of the requirements in this section.

Which of the following requirements do you meet?

☐ I graduated from an accredited dental assisting program within the last three years and I am scheduled to write the NDAEB exam.

☒ I graduated from a non-accredited dental assisting (or other dental) program, passed the NDAEB exam, and partially completed the NDAEB CPE or intra-oral education.

☐ I am enrolled in an accredited distance delivery program and I have completed at least one intra-oral course.

• include a copy of your NDAEB exam results letter, and

0 files uploaded.

• include a copy of your NDAEB CPE results letter, or verification of intra-oral upgrading

0 files uploaded.

< Previous

Next >

If you select the third option “I am enrolled in an accredited distance learning delivery program and completed at least one intra-oral course.” you’ll need to answer questions about your education later in the application.

Click on the **Next** button.

The screenshot shows the same "Entry to Practice Requirement" form, but with the third radio button option selected: "I am enrolled in an accredited distance delivery program and I have completed at least one intra-oral course.". Below this option, there is a single bullet point: "We will ask about your education later in the application.". The "Next >" button at the bottom right is highlighted with an orange arrow.

Entry to Practice Requirement

You must meet at least one of the requirements in this section.

Which of the following requirements do you meet?

☐ I graduated from an accredited dental assisting program within the last three years and I am scheduled to write the NDAEB exam.

☐ I graduated from a non-accredited dental assisting (or other dental) program, passed the NDAEB exam, and partially completed the NDAEB CPE or intra-oral education.

☒ I am enrolled in an accredited distance delivery program and I have completed at least one intra-oral course.

• We will ask about your education later in the application.

< Previous

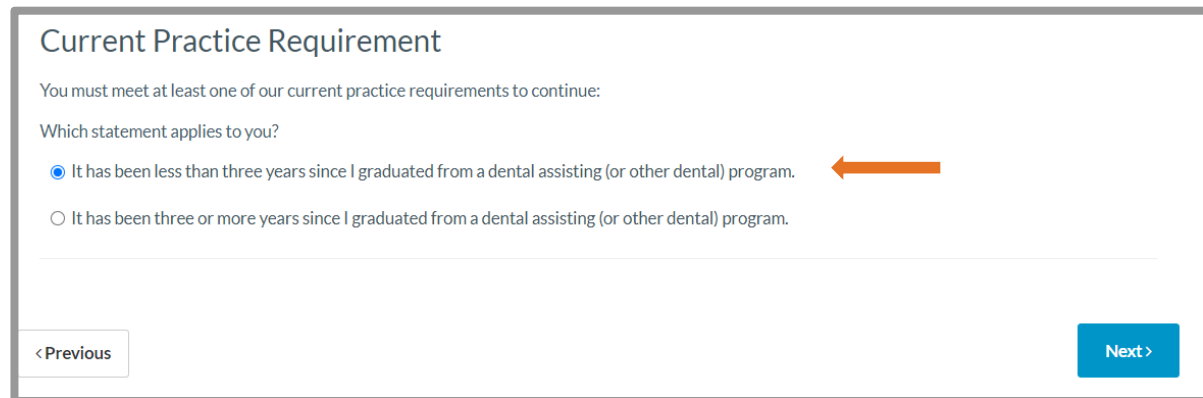
Next >

You will now be at the Current Practice Requirement screen.

Select the current practice requirement statement that applies to you.

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

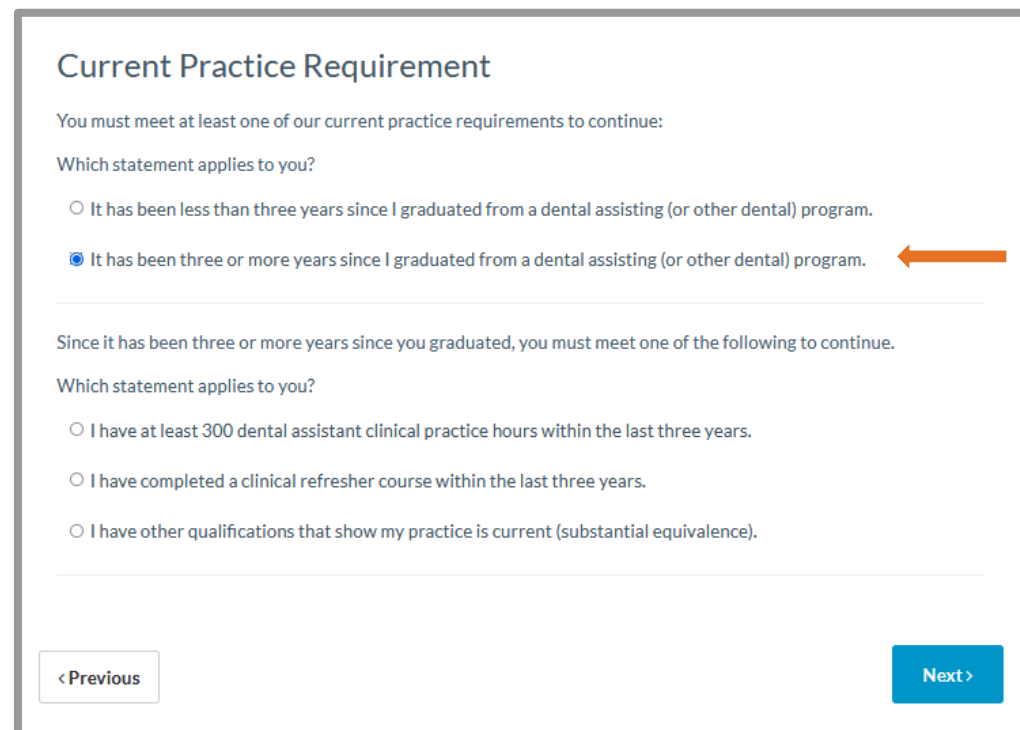
If you select the first option “*If it has been less than three years since I graduated from a dental assisting (or other dental) program.*”, click on the **Next** button.



The screenshot shows a form titled "Current Practice Requirement". Below the title, it says "You must meet at least one of our current practice requirements to continue:". Then, it asks "Which statement applies to you?". There are two radio button options. The first option, "It has been less than three years since I graduated from a dental assisting (or other dental) program.", is selected with a blue dot. An orange arrow points to this option. The second option, "It has been three or more years since I graduated from a dental assisting (or other dental) program.", is not selected. At the bottom left is a "< Previous" button, and at the bottom right is a blue "Next >" button. An orange arrow points to the "Next >" button.

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

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



The screenshot shows the same "Current Practice Requirement" form. The second option, "It has been three or more years since I graduated from a dental assisting (or other dental) program.", is now selected with a blue dot. An orange arrow points to this option. Below the options, it says "Since it has been three or more years since you graduated, you must meet one of the following to continue." and then asks "Which statement applies to you?". There are three radio button options: "I have at least 300 dental assistant clinical practice hours within the last three years.", "I have completed a clinical refresher course within the last three years.", and "I have other qualifications that show my practice is current (substantial equivalence)". None of these are selected. At the bottom left is a "< Previous" button, and at the bottom right is a blue "Next >" button.

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

Complete our Practice Hours Verification Form

Upload a copy of your completed Practice Hours Verification Form

Click [Next](#)

Current Practice Requirement

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

Which statement applies to you?

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

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

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

Which statement applies to you?

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

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

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

Complete our Practice Hours Verification Form

[Practice Hours Verification Form](#)

Include a copy of your completed Practice Hours Verification Form

[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? ←

 ←

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 *

Select...

Cancel

Create

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	<div>EditDelete</div>

+ Add Dental Assisting Education

< Previous

Next >

College of Alberta
Dental Assistants

Dental Assisting Education

School Name: abc

End Date: 2021-05-10

EditDelete

+ 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.

The image displays two versions of a web form titled "Advanced Practice". The left version is a simplified mockup, while the right version is the actual form with a logo and additional text. Orange arrows point from the text instructions to specific elements in both forms.

Left Form (Mockup):

- Section: **Advanced Practice**
- Text: 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.](#)
- Radio buttons: ☒ Yes, ☐ No (Arrow points to "Yes")
- Text: I am applying for Advanced Practice Authorization for: *
- Checkboxes: ☒ Orthodontics, ☒ Preventive, ☒ Prosthodontic (Arrow points to "Prosthodontic")
- Text: Which statement applies to you?
- Radio buttons: ☒ My dental assisting education included an Approved Course(s) for the Advanced Practice(s)., ☐ I have current practice rights for the Advanced Practice(s). (Arrow points to the first statement)
- Text: ☒ 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. *
- Buttons: < Previous, Next >

Right Form (Actual):

- Logo: 
- Section: **Advanced Practice**
- Text: 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.](#)
- Radio buttons: ☒ Yes, ☐ No (Arrow points to "Yes")
- Text: I am applying for Advanced Practice Authorization for: *
- Checkboxes: ☒ Orthodontics, ☒ Preventive, ☒ Prosthodontic (Arrow points to "Preventive")
- Text: Which statement applies to you?
- Radio buttons: ☒ My dental assisting education included an Approved Course(s) for the Advanced Practice(s)., ☐ I have current practice rights for the Advanced Practice(s). (Arrow points to the first statement)
- Buttons: < Previous, Next > (Arrow points to "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.

Upload File

0 files uploaded.

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

<Previous

Next>

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.

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Applying for Registration – Guide for NDAEB in Progress (Provisional) Applicants

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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 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.

Other Registrations

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

☒ Yes ☐ No

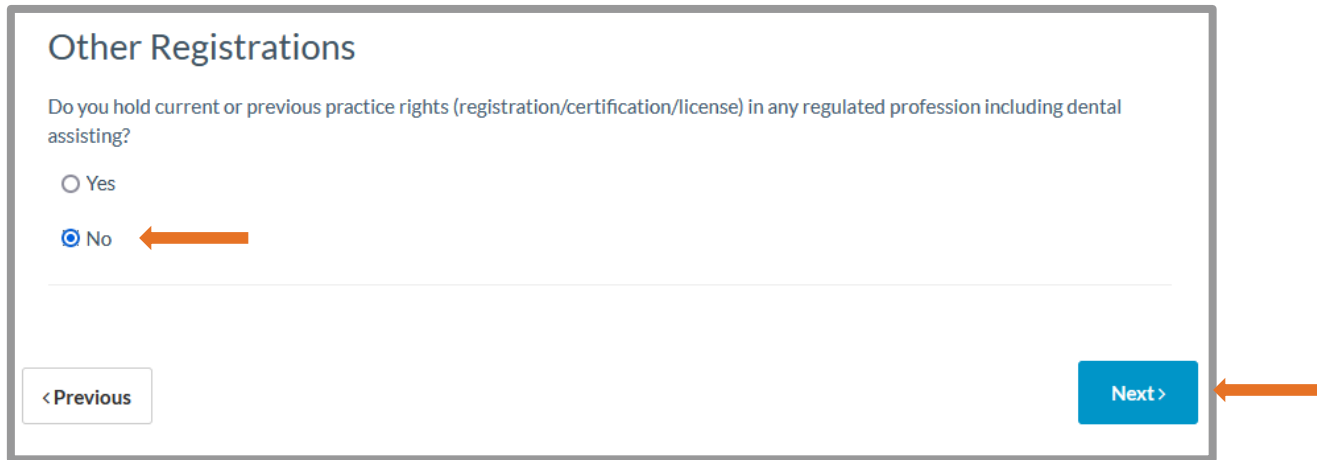
Click the +Add Other Registration button below to tell us about your practice rights. If you have/had more than one instance of practice rights, add a separate record for each one.

+ Add Other Registration

< Previous Next >

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

Click on the **Next** button.

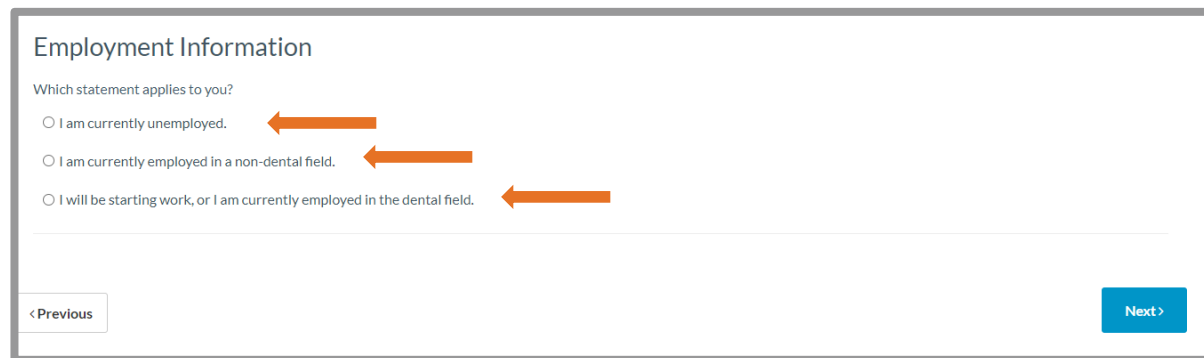


The screenshot shows a form titled "Other Registrations". The question is "Do you hold current or previous practice rights (registration/certification/license) in any regulated profession including dental assisting?". There are two radio button options: "Yes" and "No". The "No" option is selected, indicated by a blue dot and an orange arrow pointing to it. At the bottom left is a button labeled "< Previous". At the bottom right is a blue button labeled "Next >". An orange arrow points to the "Next >" button.

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.



The screenshot shows a form titled "Employment Information". The question is "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.". Each option has an orange arrow pointing to it. At the bottom left is a button labeled "< Previous". At the bottom right is a blue button labeled "Next >".


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

Enter the date as requested

Click on the **Next** button.



Employment Information

Which statement applies to you?

☒ I am currently unemployed. 


☐ I am currently employed in a non-dental field.

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

I have been unemployed since *  

< Previous

Next >



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


Click the **+Add Employment** button.

Employment Information

Which statement applies to you?

☐ I am currently unemployed.


☐ I am currently employed in a non-dental field.

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

Click the +Add Employment button below to tell us about your employment.

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

+ Add Employment



< Previous

Next >

You will now be at the Add Employment Status screen.

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

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

Check the box to confirm the information is current.

Click on the **Create** button.

The screenshot shows a form titled "Add Employment Status" with the instruction "Select the employment status that applies to your current situation." It 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 are "Cancel" and "Create" buttons. Four orange arrows point to these elements from the right side of the form.

Add Employment Status

Select the employment status that applies to your current situation.

Employment Status *

Start Date *

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

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

Enter your employment information as requested.

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

Click on the **Create** button.

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

- Employment Status ***: A dropdown menu with "Employed in dental field" selected. An orange arrow points to this field.
- Employer Name ***: A text input field. An orange arrow points to this field.
- Employer City ***: A text input field. An orange arrow points to this field.
- Employer Address ***: A text input field. An orange arrow points to this field.
- Employment Start Date ***: A date picker showing "YYYY-MM-DD" with a calendar icon. An orange arrow points to this field.
- Average hours per week ***: A dropdown menu with "Select..." selected. An orange arrow points to this field.
- Work Phone ***: A text input field. An orange arrow points to this field.
- Work Email**: A text input field. An orange arrow points to this field.
- Primary Role ***: A dropdown menu with "Select..." selected. An orange arrow points to this field.
- Employment Setting ***: A dropdown menu with "Select..." selected. An orange arrow points to this field.
- Confirmation checkbox**: A checkbox labeled "The information for this Employment Status is up to date." with an orange arrow pointing to it.
- Buttons**: "Cancel" and "Create" buttons at the bottom right. An orange arrow points to the "Create" button.

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	 

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

< Previous
Next >

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

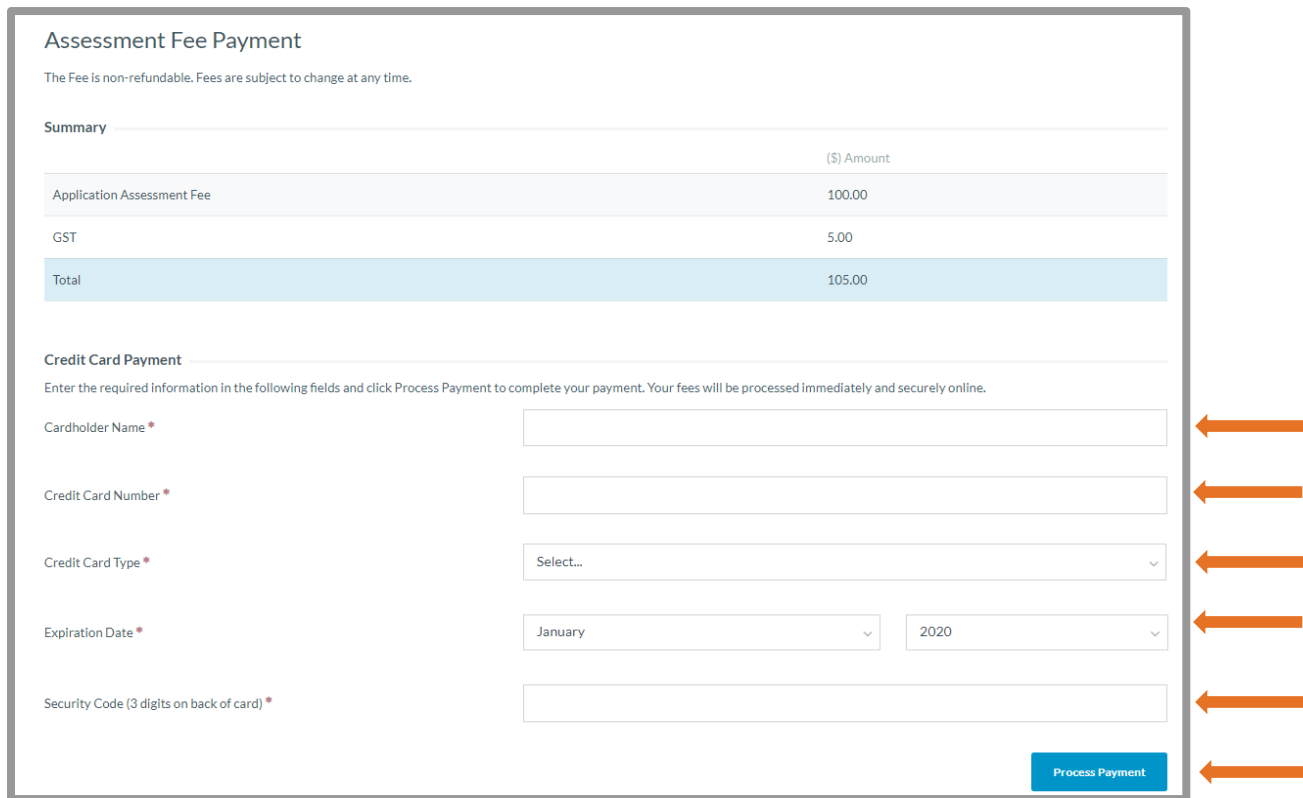
☐ By submitting this request to the College, I accept the terms and conditions outlined above.

< 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 *

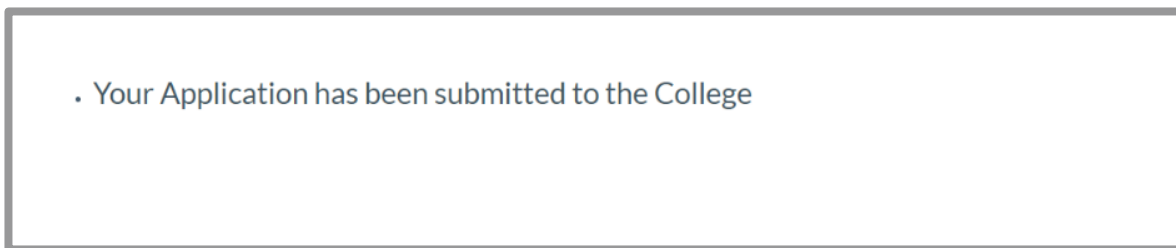
Expiration Date *

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.