



**College of Alberta  
Dental Assistants**

# **Applying for Registration**

Guide for Non-Accredited Education Applicants

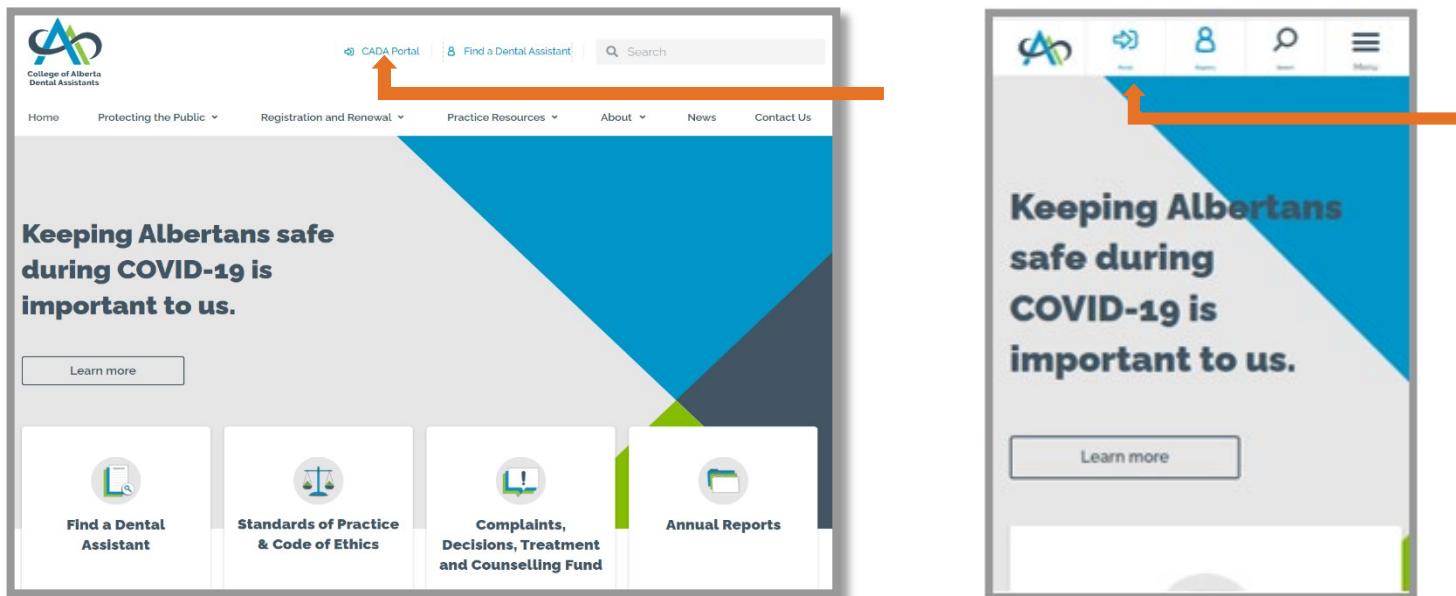
This guide will show you, step-by-step, how to use our online application form.

Follow this guide if you are a dental assistant who has graduated from a non-accredited\* dental assisting program in Canada and have passed the NDAEB Written Exam and the NDAEB Clinical Practice Evaluation.

\*Any program that is not accredited by the Commission on Dental Accreditation of Canada. Check their website to confirm your program's accreditation status.

## The Portal

You need to go to our website [abrda.ca](http://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.

Screenshot of the CADA Portal login page. It features the College of Alberta Dental Assistants logo, a star icon, and the text 'CADA Portal'. Below this are input fields for Email and Password, a 'Sign In >' button, a 'Forgot Password' button, and a link for new applicants: 'Are you a new applicant? Activate now!'

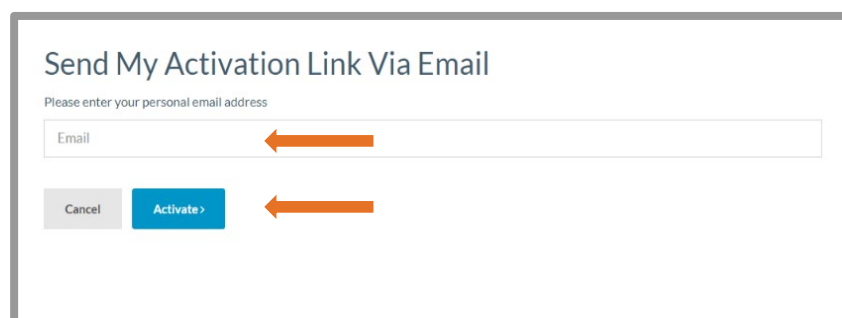
You will now be at the Send My Activation Link screen.

## IMPORTANT NOTES

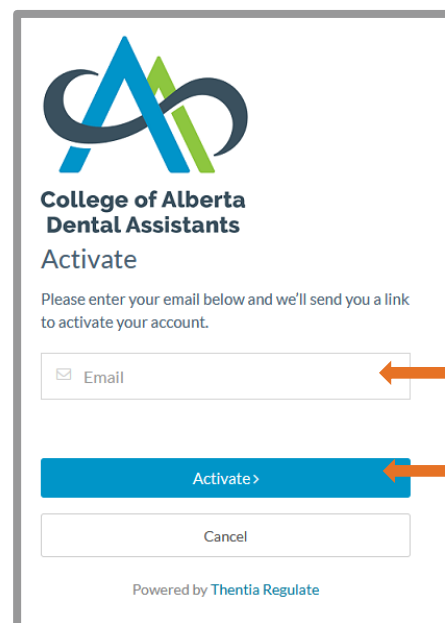
- Your email address will become your username. The email field and username field are both **case sensitive**. The way you enter your email address here is how you must enter it as your username each time you sign in.
- Before you click Activate, add **contact@abrda.ca** to your email contacts/address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

Enter your email address in the Email field.

Click on the **Activate** button.

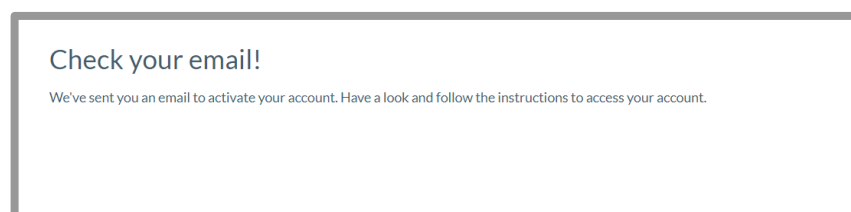


The screenshot shows a form titled "Send My Activation Link Via Email". Below the title is the instruction "Please enter your personal email address". There is a text input field labeled "Email" with an orange arrow pointing to it. Below the input field are two buttons: a grey "Cancel" button and a blue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

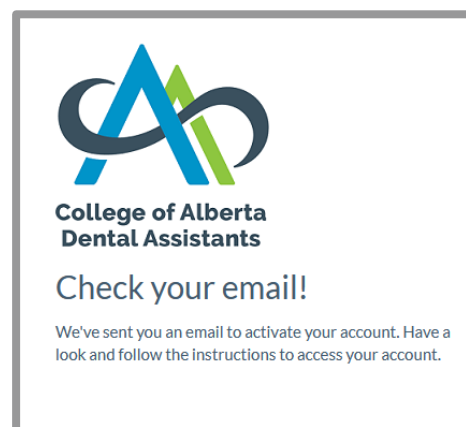


The screenshot shows the "College of Alberta Dental Assistants" logo at the top, followed by the heading "Activate". Below the heading is the instruction "Please enter your email below and we'll send you a link to activate your account." There is a text input field with an envelope icon and the label "Email" with an orange arrow pointing to it. Below the input field is a blue "Activate >" button with an orange arrow pointing to it, and a grey "Cancel" button below that. At the bottom, it says "Powered by Thentia Regulate".

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



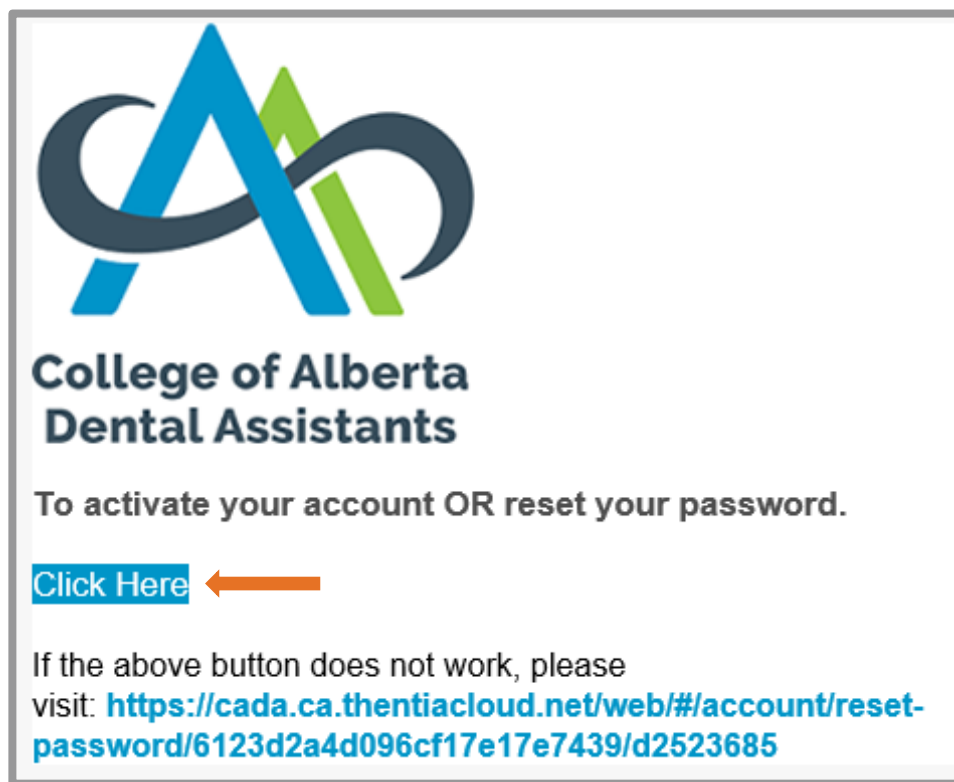
The screenshot shows a message titled "Check your email!". Below the title is the text "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."



The screenshot shows the "College of Alberta Dental Assistants" logo at the top, followed by the heading "Check your email!". Below the heading is the text "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."

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.

This is a screenshot of the 'Reset Password' screen. At the top left is the College of Alberta Dental Assistants logo. At the top right is a 'Sign In' button. The main heading is 'Reset Password'. Below it is the 'New Password' field, which is a text input with a password icon. To the right of the field is a green box with the word 'Strong' and an orange arrow pointing to it. Below this, there is a note: '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 the note is the 'Confirm New Password' field, also a text input with a password icon. At the bottom left is a blue 'Submit' button with an orange arrow pointing to it.This is a screenshot of the 'Reset Password' screen, similar to the previous one. It shows the 'New Password' field, the 'Strong' password strength indicator, the instructions for a strong password, the 'Confirm New Password' field, and the 'Submit' button. In this version, there is an additional orange arrow pointing to the 'Submit' button.

Now that you've successfully created your password, you will be at the Security Questions screen.

## IMPORTANT NOTES

- Each time you sign in you must answer one of your Security Questions. This is two-stage authentication.
- The answer fields below and when you sign in are **case sensitive**. The way you enter your answers here is how you must enter them each time you sign in.

Select three different security questions from the dropdown options and enter your answer for each question.

Click on the **Submit** button.

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 on the Welcome screen.

Select this Category: *Non-Accredited Education*

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

Click on the **Start** button.

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:

[Registration Information](#)

[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 fulfillment of statutory requirements.

[Start >](#)

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:

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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 fulfillment of statutory requirements.

[Start >](#)

You will now be on the Introduction screen.

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

If you click the [Fee Information](#) button, it will take you to the Fee Schedule on the College's website.

If you meet the requirements, click on the [Next](#) button to advance to the Profile page of the application.

## Introduction

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

- you graduated from a non-accredited dental assisting (or other dental) program,
- you passed the National Dental Assisting Examining Board (NDAEB) exam, and
- you passed the NDAEB Clinical Practice Evaluation (CPE) or completed intra-oral upgrading at an accredited\* dental assisting program.

\*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 a non-accredited dental assisting (or other dental) program,
  - pass the NDAEB exam, and
  - pass the NDAEB CPE or complete intra-oral upgrading
2. demonstrate current practice:
  - apply within 3 years of graduating from a dental assisting/dental program, or
  - complete a Clinical Refresher Course (must be within the last three years), or
  - have at least 900 dental assistant clinical practice hours within the last three years, or
  - have other qualifications that show your practice is current (substantial equivalence), such as having completed the NDAEB CPE within the last three years
3. demonstrate good character and reputation:
  - answer professional declarations,
  - provide a criminal record check and
  - provide verification of standing from other professional regulators where you have current or previous practice rights, if applicable
4. demonstrate professional liability insurance coverage by providing evidence that meet the following criteria:
  - you are named as the insured,
  - coverage is written on an occurrence form,
  - insured for a minimum of at least two-million dollars (\$2,000,000.00) per occurrence, and
  - annual aggregate limit is at least three million dollars (3,000,000.00).
5. submit this application form, the Initial Registration Assessment Fee and Annual Registration Fee

[Fee Information](#)

[< Previous](#)

[Next >](#)

You will now be at the Profile screen.

## IMPORTANT NOTES ABOUT OUR APPLICATION

- You must make an entry in each field marked with an asterisk (\*). They are required fields.
- You must upload documents in several places. You'll find information about uploading documents on the last page of this Guide.

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

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

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

- Identification Section:**
  - Header: 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)
  - Button: Upload File (with an orange arrow pointing to it)
  - Status: 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)
  - Button: Upload File (with an orange arrow pointing to it)
  - Status: 0 files uploaded.
- Name and Gender Section:**
  - 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.
  - Gender \*: Select... (with an orange arrow pointing to the dropdown)
  - Date of Birth \*: YYYY-MM-DD (with an orange arrow pointing to the date field)
  - Given Name \*: (with an orange arrow pointing to the text field)
  - Preferred Name: (with an orange arrow pointing to the text field)
  - Middle Name: (with an orange arrow pointing to the text field)
  - Last Name \*: (with an orange arrow pointing to the text field)



### Former Names:

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

### Languages:

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

Former Name(s)

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

☐ My name has not changed since birth

+ Add Former Name

Languages

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

+ Add Language

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 will now be at the Entry to Practice Requirements screen.

Check the box.

Upload a copy of your NDAEB exam results letter.

Upload a copy of your NDAEB Clinical Practice Evaluation results letter.

Click on the **Next** button.

You will now be at the Current Practice Requirement screen.

Select the current practice requirement statement that applies to you.

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

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


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

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

## Current Practice Requirement

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

Which statement applies to you?

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

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

Which statement applies to you?

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

[<Previous](#)

[Next>](#)

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

Complete our Practice Hours Verification Form

Upload a copy of your completed Practice Hours Verification Form

Click [Next](#)

**Current Practice Requirement**

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

Which statement applies to you?

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

---

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

Which statement applies to you?

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

---

Complete our Practice Hours Verification Form

[Practice Hours Verification Form](#)

Include a copy of your completed Practice Hours Verification Form

[Upload File](#)

0 files uploaded.

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

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

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

Provide the date the course was completed.

Click [Next](#)

## Current Practice Requirement

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

Which statement applies to you?

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

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

Which statement applies to you?

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

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

What date did you complete the course on? ←

Provide Details...

< Previous

Next > ←

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

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

Upload document(s) to verify the information you provide

Click [Next](#)

### Current Practice Requirement

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

Which statement applies to you?

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

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

---

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

Which statement applies to you?

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

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

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

---

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

Provide Details...

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

Upload File

0 files uploaded.

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

< Previous

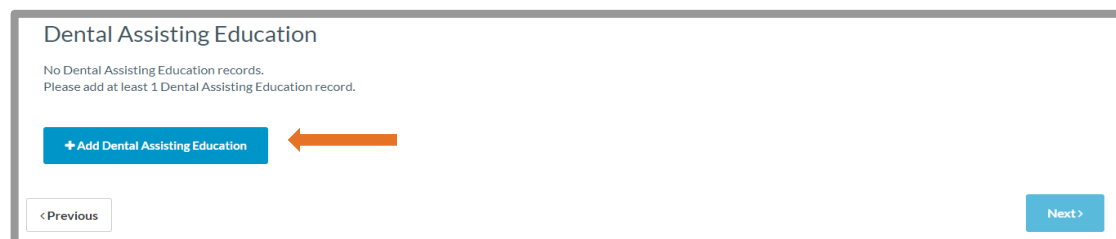
Next >

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.

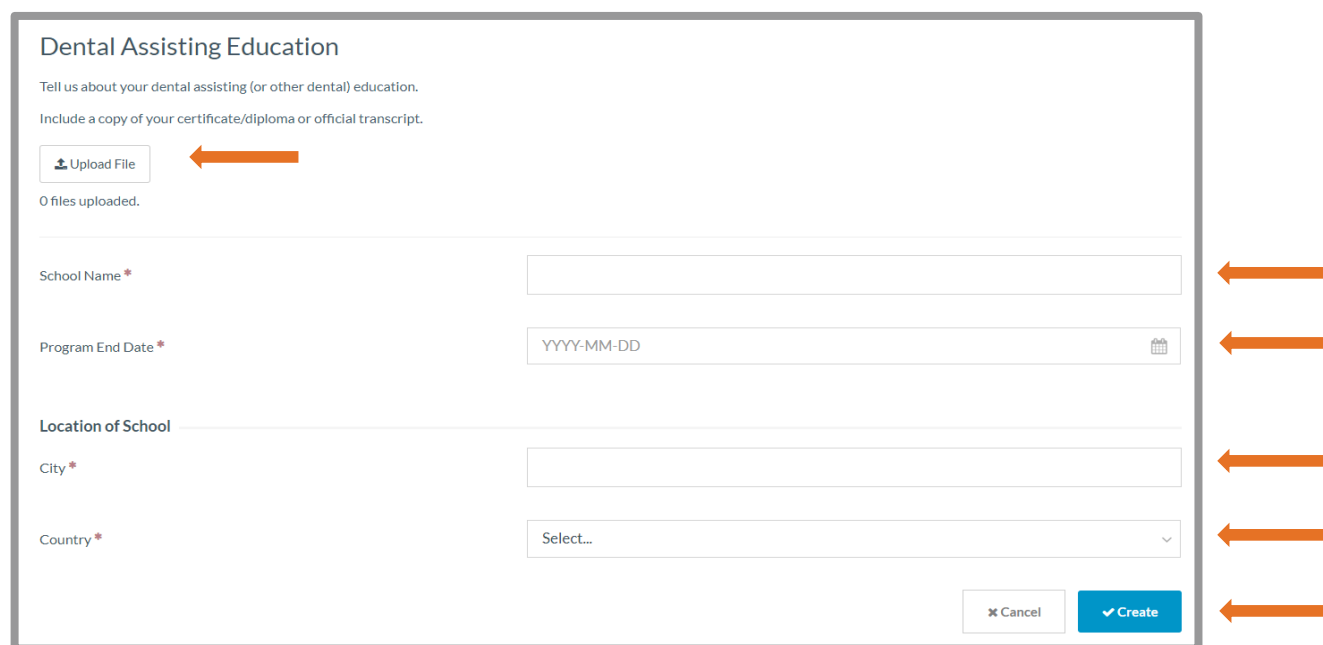
**+ Add Dental Assisting Education** ←

◀ 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 \***  

**Location of School**

**City \***

**Country \***

←



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	<a href="#">Edit</a> <a href="#">Delete</a>

[+ 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

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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.

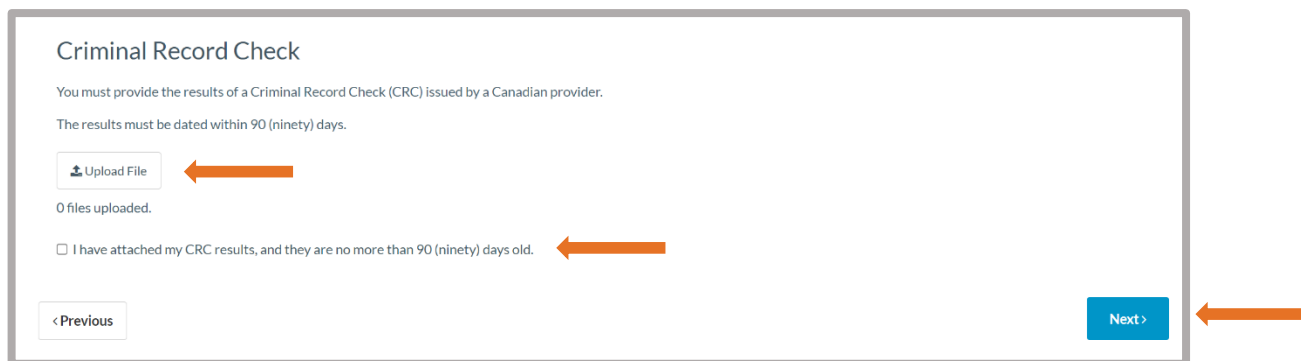
### IMPORTANT NOTE

- 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.

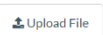

Read and check the acknowledgement statement.

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.

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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 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

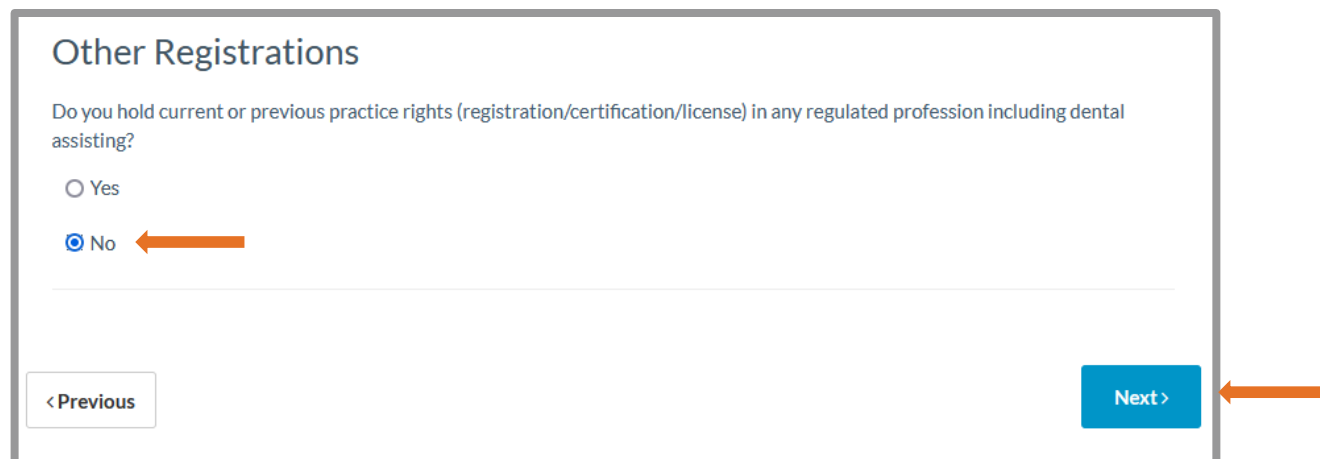
Click the +Add Other Registration button below to tell us about your practice rights. If you have/had more than one instance of practice rights, add a separate record for each one.

**+ Add Other Registration**

< Previous **Next >**

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

Click on the **Next** button.



**Other Registrations**

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

☐ Yes

☒ No ←

< Previous

Next > ←

This screenshot shows the 'Other Registrations' screen. It asks if the user holds current or previous practice rights 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 of the screen, there are two buttons: '< Previous' on the left and 'Next >' on the right. 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.



**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 >

This screenshot shows the 'Employment Information' screen. It asks the user to select which statement applies to them. 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 of the screen, there are two buttons: '< Previous' on the left and 'Next >' on the right.



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' section of a registration form. It asks 'Which statement applies to you?' with three radio button options. The first option, 'I am currently unemployed.', is selected and highlighted with an orange arrow. Below the options is a text input field labeled 'I have been unemployed since \*' with a placeholder 'YYYY-MM-DD' and a calendar icon, also highlighted with an orange arrow. At the bottom, there are two buttons: '< Previous' on the left and 'Next >' on the right, with the 'Next >' button highlighted by an orange arrow.

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' section of a registration form. It asks 'Which statement applies to you?' with three radio button options. The third option, 'I will be starting work, or I am currently employed in the dental field.', is selected and highlighted with an orange arrow. Below the options, there is instructional text: 'Click the +Add Employment button below to tell us about your employment.' and 'If you have more than one employer, add a separate record for each employer.' Below this text is a blue button labeled '+ Add Employment', highlighted with an orange arrow. At the bottom, there are two buttons: '< Previous' on the left and 'Next >' on the right.

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 two required fields: "Employment Status" with a dropdown menu currently showing "Select..." and "Start Date" with a date input field showing the placeholder "YYYY-MM-DD" and a calendar icon. Below these fields is 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	

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.

The screenshot shows a form titled "My Responsibilities" with seven statements, each followed by "I agree" and "I disagree" radio buttons. Orange arrows point to the "I disagree" option for each statement. At the bottom, orange arrows point to the "< Previous" button and 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

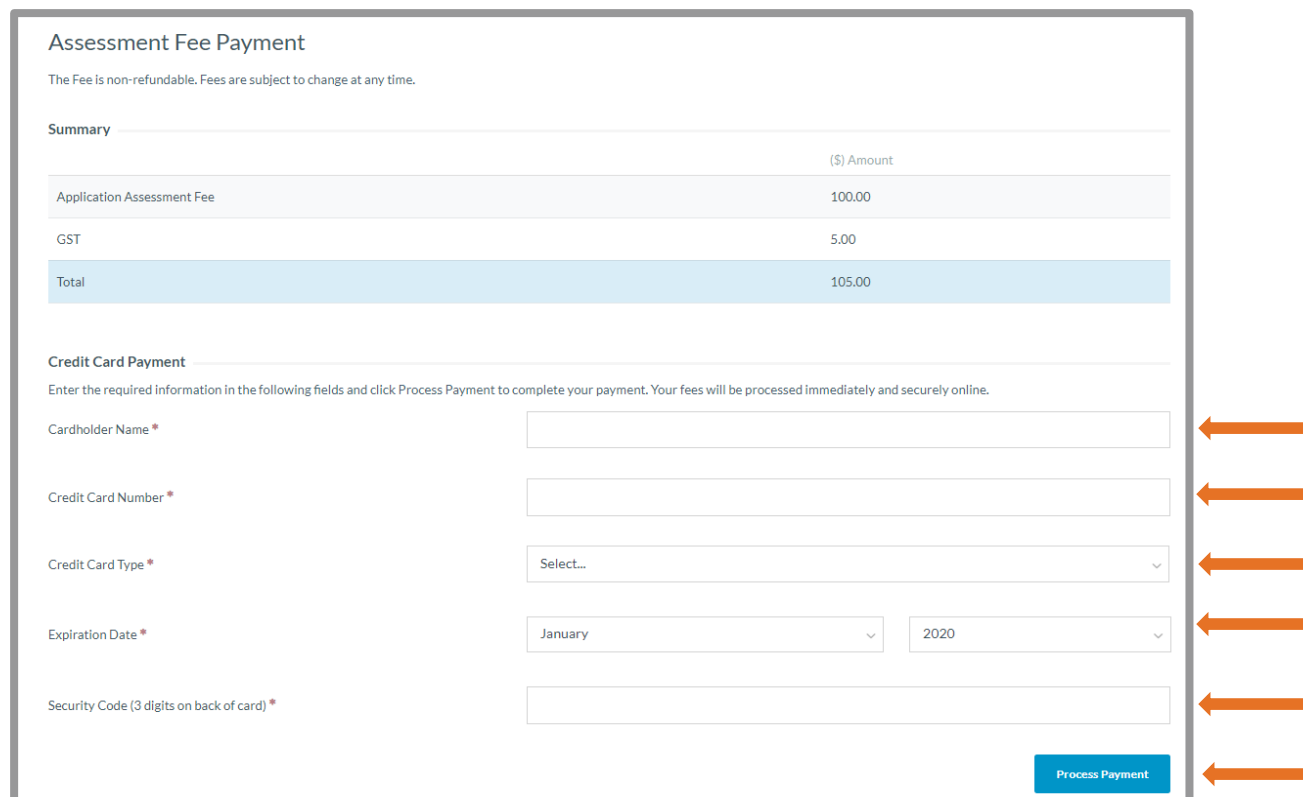
☐ By submitting this request to the College, I accept the terms and conditions outlined above.

[< 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.



The screenshot shows the 'Assessment Fee Payment' screen. At the top, it states 'The Fee is non-refundable. Fees are subject to change at any time.' Below this is a 'Summary' table:

	(\$ Amount)
Application Assessment Fee	100.00
GST	5.00
<b>Total</b>	<b>105.00</b>

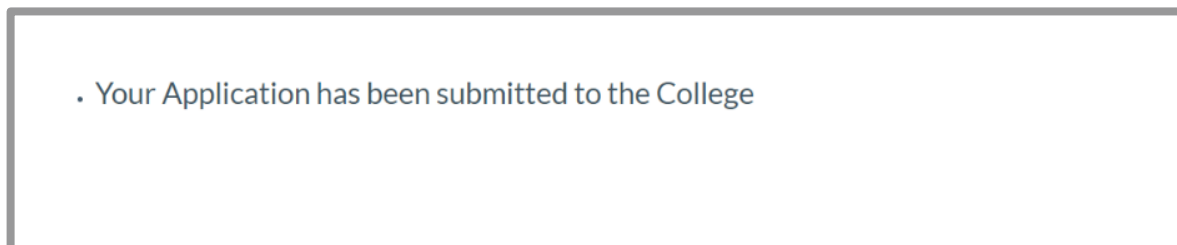
Below the table is the 'Credit Card Payment' section with the instruction: 'Enter the required information in the following fields and click Process Payment to complete your payment. Your fees will be processed immediately and securely online.' The fields are:

- Cardholder Name \*
- Credit Card Number \*
- Credit Card Type \* (dropdown menu showing 'Select...')
- Expiration Date \* (two dropdown menus: 'January' and '2020')
- Security Code (3 digits on back of card) \*

A blue 'Process Payment' button is located at the bottom right. Five orange arrows point to the input fields from the right side of the screen.

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.



The screenshot shows a confirmation message: '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](mailto:application@abrda.ca) or call 780-486-2526.