Application for Reinstating a Cancelled Practice Permit

College of Alberta Dental Assistants

Use this form to reinstate your Practice Permit if you previously held a permit in Alberta and are planning to return to practice.

Requirements

You must complete these requirements to qualify for reinstatement:

1. Complete these modules in our Professional Practice Learning Centre (https://abrda.ca/professionalpracticelearningcentre.ca/) within the 365 calendar days before you apply:
   - Patient Relations Module (if not previously completed) or the current year Patient Relations Refresher
   - Code of Ethics Module
   - Standards of Practice Module

2. Demonstrate current practice by completing one of the following within the three calendar years before you apply:
   - formal dental assisting education program, or
   - an approved clinical refresher course or re-entry course, or
   - at least 900 dental assisting practice hours, or
   - completed the NDAEB clinical practice evaluation (CPE), or
   - other qualifications that show your practice is current (substantial equivalence), such as current practice rights as a dental assistant or other dental professional in a regulated Canadian province

3. Demonstrate good character and reputation by:
   - obtaining results of a criminal record check or a police certificate dated within the 90 calendar days before you apply
   - requesting verification of standing (standard form is available on our website https://abrda.ca/) from other professional regulators where you hold or previously held registration and practice rights, if applicable, dated within the 30 calendar days before you apply

4. Demonstrate current professional liability insurance (PLI) by:
   - obtaining a PLI certificate in your name with coverage effective until December 1, 2026 (more information and options for coverage is available on our website https://abrda.ca/)

5. Submit application form.

6. Pay applicable fees when requested:
   - Application Assessment Fee $105.00
   - Annual Registration Fee $225.00 (pro-rated to $112.50 between June 1st and November 30th)

166-14315 118 Ave NW, Edmonton, AB T5L4S6
780-486-2526 | 1-800-355-8940 | abrda.ca

Personal information

If you are changing your name, you must send us verification. (copy of marriage certificate, legal name change)

Enter the requested information below.

First name _____ Registration # _____

Last name _____

Common/preferred name _____

Mailing address _____

City/province/country _____ Postal code _____

Home phone _____ Mobile phone _____

Email _____

Competence requirement

You must complete the learning modules listed in this section and provide us with proof of completion.

Check off that you have completed these requirements.

☐ **I have completed the Patient Relations Module or the current year Patient Relations Refresher within the last 365 days.**

- submit a copy of your Patient Relations certificate

☐ **I have completed the Code of Ethics Module within the last 365 days.**

- submit a copy of your Code of Ethics Module certificate

☐ **I have completed the Standards of Practice Module within the last 365 days.**

- submit a copy of your Standards of Practice Module certificate

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Current practice requirement

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

Check off the requirements you meet below.

☐ **I am applying within three years of graduating from a dental assisting program.**

- provide details below

School name _____ Completion date (MM/DD/YYYY) _____

☐ **I have at least 900 dental assisting practice hours within the last three years.**

- submit a completed Practice Hours Verification Form (form available on our website https://abrda.ca/)
- provide details below

Employer _____ From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

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

- provide details below

School name _____ Completion date (MM/DD/YYYY) _____

☐ **I have successfully completed the NDAEB CPE within the last three years.**

- include a copy of your NDAEB CPE results letter
- provide details below

Date of NDAEB CPE (MM/DD/YYYY) _____

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

For example, you have current practice rights as a dental assistant or other dental professional in a regulated Canadian province.

- provide details below (if you need more space provide information on a separate sheet)
- use a Verification of Standing form if applicable (see form for instructions)
- include a copy of document(s) to verify the information you provide
- the Registrar will review and decide if you have substantial equivalence

_____

_____

_____

_____

Professional information

You must meet all requirements in this section.

Check off the requirements you meet below.

Good character and reputation – verification of standing

Other than what you have already entered in the questions above, do you hold current or previous practice rights in any regulated profession including dental assisting?

☐ **Yes**

- record details for each, if you need more space provide information on a separate sheet
- use a Verification of Standing form (see form for instructions)
- provide this information:

Organization	From (MM/DD/YYYY)	To (MM/DD/YYYY)

☐ **No**

Good character and reputation – criminal record check

☐ **I have obtained the results of a criminal record check or a police information check certificate dated within the last ninety (90) days.**

- submit a copy of your criminal record check or police certificate

Professional liability insurance (PLI) coverage

☐ **I have obtained a PLI certificate in my name with coverage in effect until December 1, 2026.**

- submit a copy of your PLI certificate

Current dental employment information

Check off your current dental employment status.

☐ **I will be starting work *or* am currently employed in the dental field. (provide information below, list all employers, if you need more space provide information on a separate sheet)**

I returned to work/will return to work on _____ (MM/DD/YYYY)

Employer name _____ Employer city _____

Employment start date _____ (MM/DD/YYYY) Average hours per week ☐ 0-15 ☐ 16-32 ☐ 33+

Job description _____

Employer phone _____ Employer email _____

☐ **I am currently unemployed. Unemployed since:** _____ Provide date (MM/DD/YYYY)

☐ **I am currently employed in a non-dental field. Employed non-dental since:** _____ Provide date (MM/DD/YYYY)

Applicant's statement

My consent, true and correct application

The information you give is protected. Refer to the privacy information available on our website (https://abrda.ca/) 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*.
- ☐ I certify that the information given and made part of this application is true and correct in every aspect.

My responsibilities

For each statement that you check "I disagree" you must include a written explanation with this application.

I agree	*I disagree*	
☐	☐	I will complete all reinstatement requirements and ensure that I have a valid Practice Permit before I return to dental assisting.
☐	☐	I have reported to the College if I have ever been found guilty of unprofessional conduct or conduct of a similar nature, or if I have been the subject of an alternative complaint process.
☐	☐	I have reported to the College if I have 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 of Canada for which I have not been pardoned.
☐	☐	I have reported to the College if I am the subject of any current criminal charges.
☐	☐	I have reported to the College if I am the subject of any findings of professional negligence.
☐	☐	I have reported to the College anything else that may have a negative impact on my fitness to practice dental assisting.
☐	☐	I will notify the College of name, address, employment, and professional liability insurance coverage information changes.
☐	☐	I will practice in accordance with the *Health Professions Act*, *Dental Assistants Profession Regulation*, Standards of Practice and Code of Ethics.
☐	☐	I will perform only those entry and advanced practices and restricted activities I am authorized for and I am competent in after proper education, training and experience.
☐	☐	I will meet annual renewal requirements by the renewal deadline.
☐	☐	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.

Terms and conditions

Before submitting your application and fees, please carefully review the following terms and conditions:

1. When we receive your application, we will inform you within 10 days of how to pay the Assessment Fee ($105.00). The Assessment Fee is non-refundable.
2. We will assess your application only after receiving the Assessment Fee and notify you by email of the result of our assessment.
3. If you are approved for registration and a permit, we will inform you and you will have to pay the Registration Fee ($225.00 pro-rated to $112.50 between June 1 and November 30) before we activate your registration and issue a Practice Permit to you. The Registration Fee is non-refundable.
4. If your application is incomplete and/or you do not meet the eligibility or payment requirements, we will hold your application for up to 45 calendar days. You must complete all incomplete/missing requirements and submit verification within 45 calendar days. If you do not complete all the requirements, including payment of the Fees, within that 45-day period your application will expire, and you will forfeit any paid Fees. If you begin a new application in the future, you must pay the Assessment Fee again.
5. Your application and verification documents will not be returned to you.
6. You must complete all eligibility requirements in this application and hold a valid Practice Permit prior to working or volunteering as a dental assistant in Alberta (this includes working interviews).
7. All eligibility requirements with time restrictions (including but not limited to: verification of standing, criminal record check, PLI) 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 criminal record check it will need to be reissued within the above noted 45-day period.
8. Our registration cycle begins December 1 and ends on November 30 of the following year.
9. Fees are subject to change at any time.
10. The official receipt of payment will only be issued in the name of the applicant.
11. Our policies are subject to change without notice. Contact us to ensure that you have the most recent information.

I accept the terms and conditions above.

Signed _____ _____
Applicant's signature Date (MM/DD/YYYY)

Submit your application

Submit your application to: **College of Alberta Dental Assistants**
166-14315 118 Ave NW
Edmonton AB T5L 4S6

We will send you an email to confirm that we have received your application. The email will include instructions for paying your Assessment Fee ($105.00). When we receive your Assessment Fee, we will review your application and let you know the results within 10 business days.

Questions? Need help?

Email application@abrda.ca or call 780-486-2526

Applicant's checklist: reinstating your permit

- ☐ Complete the Patient Relations Module or the current year Patient Relations Refresher within 365 days before the date you apply for reinstatement and get certificate of completion.
- ☐ Complete the Code of Ethics Module within 365 days before the date you apply for reinstatement and get certificate of completion.
- ☐ Complete the Standards of Practice Module within 365 days before the date you apply for reinstatement and get certificate of completion.
- ☐ Determine how you demonstrate current practice from within the three years before the date you apply for reinstatement and get proof. See examples below.
  - *Education completion* – transcript or certificate/diploma
  - *Minimum of 900 dental assisting practice hours* – completed verification of practice hours form
  - *Clinical evaluation* –clinical refresher course report or NDAEB clinical practice evaluation results letter
  - *Other equivalent qualifications* – completed verification of standing form or other demonstrated substantial equivalence to current practice requirements
- ☐ Request verification of standing from other regulatory bodies, if applicable, within the 30 days before the date you apply for reinstatement.
- ☐ Obtain the results of a criminal record check or a police information check certificate dated within 90 days before the date you apply for reinstatement.
- ☐ Obtain a professional liability insurance certificate in your name with coverage in effect until December 1, 2026.
- ☐ Complete the Reinstatement from Cancelled application form by:
  - entering your personal details, education/competency information, and eligibility information
  - answering the questions about your conduct and compliance
  - complete the declaration statements
- ☐ Submit your completed Application for Reinstating a Cancelled Practice Permit along with these supporting documents to the College:
  - proof of name change, if applicable
  - Patient Relations/Refresher certificate of completion
  - Code of Ethics certificate of completion
  - Standards of Practice certificate of completion
  - proof of current practice (for example: verification of practice hours, NDAEB CPE results letter)
  - criminal record check results or police information check certificate
  - professional liability insurance certificate
- ☐ Pay applicable fees when requested.