

Correction Request

Use this form to ask the Registrar to remove or correct any information entered on our registers or published on our website if you believe it is inaccurate or incomplete.

Your Information

Name _____ Registration Number _____

Email _____ Phone _____

Information for Correction

Where is the information you want to have corrected or removed? (check all that apply)

Dental Assistant Registry Website Other (explain) _____

Describe the information you want to have removed or corrected and provide the correct information. Attach pages if needed. The Registrar may request further information and or verification to assess your request.

Information to be removed and explanation _____

Information to be corrected and explanation _____

Correct information and explanation _____

Submit Your Request

Submit your completed request to us by email to registrar@abrda.ca or by mail, courier or in person 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 request. We will then review your request and let you know the results within 10 business days.

Questions? Need help?

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