



**College of Alberta
Dental Assistants**

Applying for Student Membership

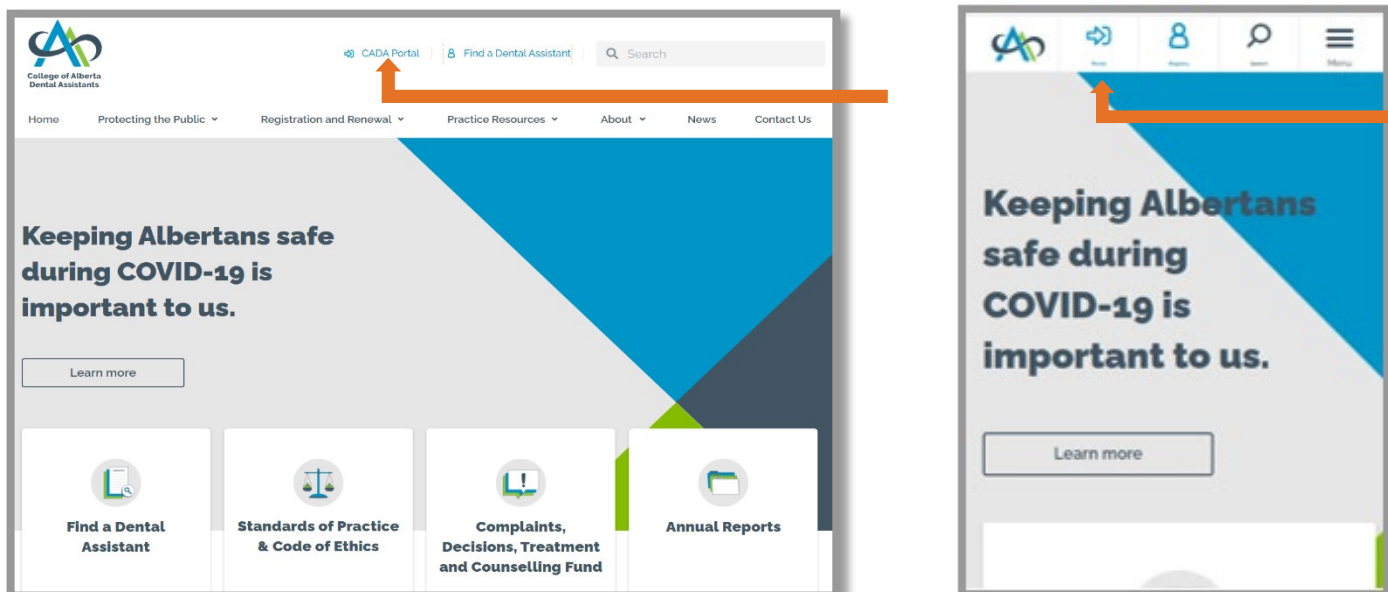
Guide for Student Membership Applicants

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

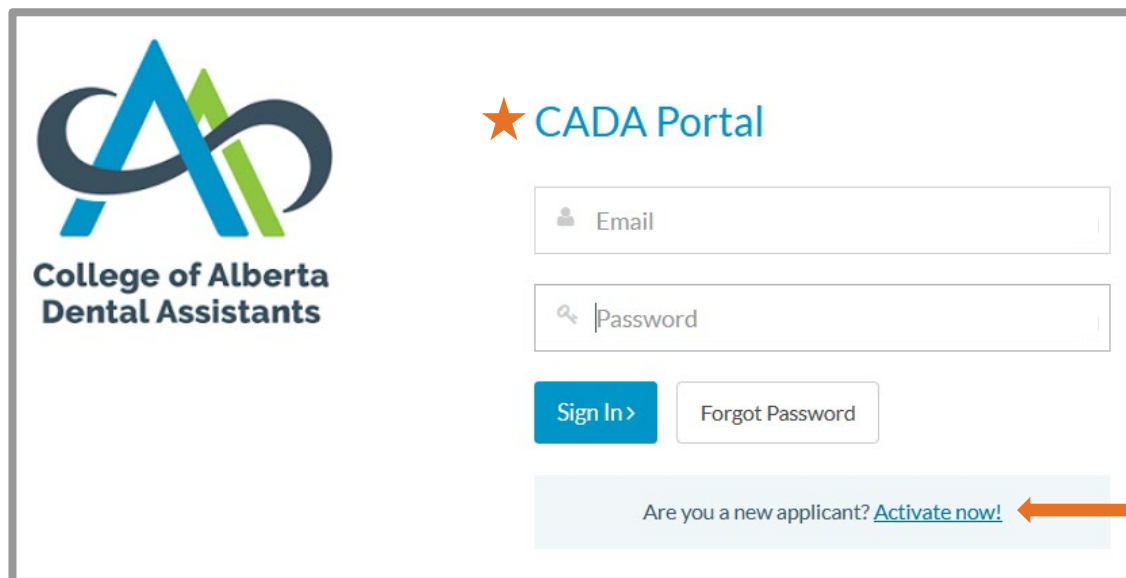
Follow this guide if you are applying for Student Membership with the College.

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. As a new applicant, click on the [Activate now!](#) link.



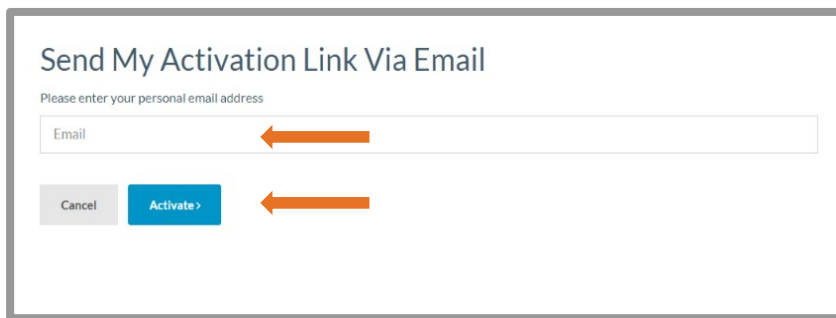
You will now be at the Send My Activation Link screen.

IMPORTANT NOTES

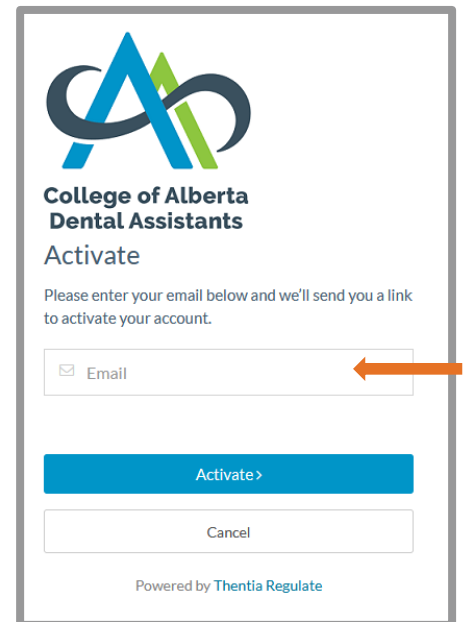
- Your email address will become your username. The email field and username field are both **case sensitive**. The way you enter your email address here is how you must enter it as your username each time you sign in.
- Before you click Activate, add **contact@abrda.ca** to your email contacts/address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

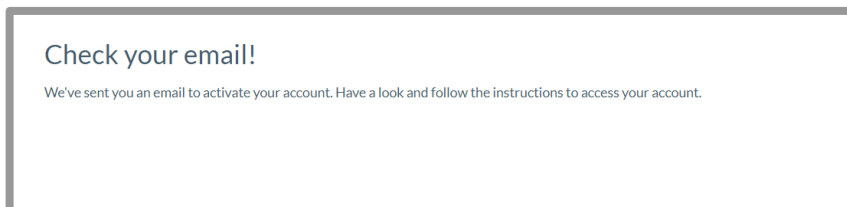


The screenshot shows a form titled "Send My Activation Link Via Email". Below the title is the instruction "Please enter your personal email address". There is a text input field labeled "Email" with an orange arrow pointing to it from the right. Below the input field are two buttons: a grey "Cancel"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

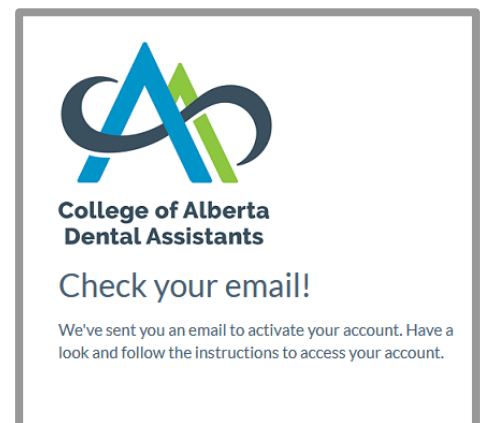


The screenshot shows a confirmation screen for the "College of Alberta Dental Assistants". At the top is the organization's logo. Below the logo is the text "Activate". Underneath is the instruction "Please enter your email below and we'll send you a link to activate your account." There is a text input field with an envelope icon and the label "Email", with an orange arrow pointing to it from the right. Below the input field are two buttons: a blue "Activate >" button and a white "Cancel" button. 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.



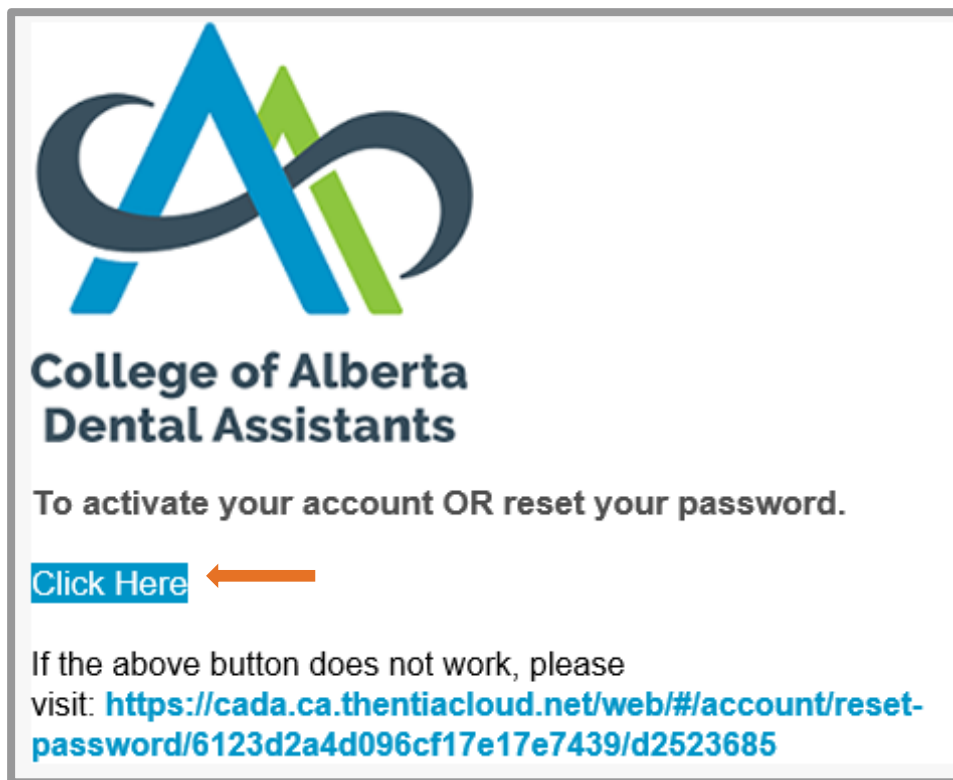
The screenshot shows a notification box with the heading "Check your email!". Below the heading is the text: "We've sent you an email to activate your account. Have a look and follow the instructions to access your account."



The screenshot shows the content of an email from the "College of Alberta Dental Assistants". It features the organization's 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.

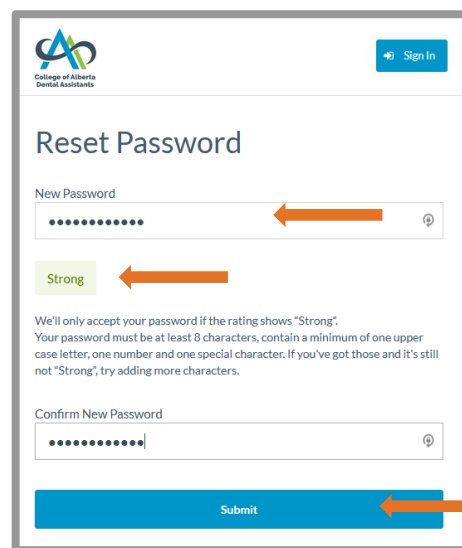
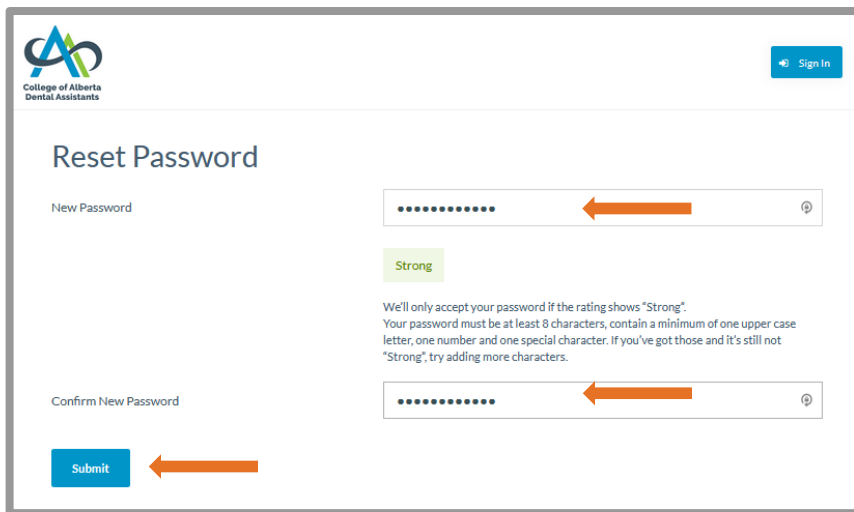


You will now be at the Reset Password screen.

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.



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.

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 * ←

←

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: *Student Membership*

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

Click on the **Start** button.

To read more about Student Membership, click on **Apply for Student Membership Information**.

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 fulfillment of statutory requirements.

[Start >](#)

You are now at the Introduction screen.

This information explains our requirements to apply for Student Membership. Carefully review this information to ensure you are eligible to apply.

If you meet the requirements, click on the **Next** button.

Introduction

Student Membership

Use this form to apply for Student Membership if:

- you are enrolled in an **Alberta dental assisting program approved by our College**
- you are enrolled in a recognized* Canadian distance delivery program and are residing and/or employed in Alberta


*Graduates must be eligible to sit the NDAEB exam.

Requirements

You must meet these requirements to qualify for student membership:

1. demonstrate proof of identity
2. demonstrate enrollment in a dental assisting education program as described above
3. submit this application form

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



You are now at the Verification of Program Enrollment screen.

Upload a copy of your verification of program enrollment document. Make sure it includes your name, the name of the school, the name of the program, start date of program and end date of program; fill in the necessary (*) information below and click [Next](#)

(see **About Uploads** at the end of this guide for steps on how to upload)

Verification of Program Enrollment

Include a copy of your verification of enrollment in a dental assisting program (e.g. welcome/ orientation letter). It must include:

- your name
- name of school
- name of program
- start date of program
- end date of program

0 files uploaded.

Your Name *

Institution/School Name *

Program Name *

Education Start Date *

Education End Date *

You are now at the Profile screen.

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

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

Enter your Profile information.

Profile

Identification

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

←

0 files uploaded.

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

←

0 files uploaded.

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

Gender *	<input type="text" value="Select..."/>	←
Date of Birth *	<input type="text" value="YYYY-MM-DD"/>	←
Given Name *	<input type="text"/>	←
Preferred Name	<input type="text"/>	

Former Names:

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

Languages:

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

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

My name has not changed since birth

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

Enter your current Contact Information.

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 *

Primary Phone *

Alternate Phone

Email Address *

You are now on 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.

Click [Next](#)

Applicant's Statement

My Consent

The information you give us is protected. Refer to [Privacy](#) for more information about privacy and disclosure.

I Acknowledge and Understand that:

- I understand that Student Membership with the College does not authorize me to perform any intra-oral dental assisting services nor does it provide me with malpractice insurance. I agree that, while I am a student, I will limit my practice of intra-oral dental assisting services to the pre-clinical, clinical and field placement (practicum) requirements of the education program in which I am enrolled.
- 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.

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

Four orange arrows point to the consent statements, and two orange arrows point to the 'True and Correct Application' section and the 'Next' button.

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:

- We will assess your application and, within 10 business days, notify you by email of the result of our assessment.
- 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 within that 45-day period your application will expire.
- 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>](#)

Two orange arrows point to the acknowledgement checkbox and the 'Next' button.

You will now be at the Application Submitted screen.

• Your Application has been submitted to the College

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.