

Advanced Practice Authorization Request

Use this form to apply for authorization to practice an Advanced Practice if you:

- hold a valid Practice Permit, and
- have completed formal education for an Advanced Practice through a course approved by the College, or
- meet substantial equivalence requirements through either of the following:
 - current practice rights for the advanced practice(s) in another Canadian jurisdiction or in a regulated profession that authorizes the advanced practice in Canada, or
 - if they have successfully completed formal education in a related program (such as dental hygiene) that is accredited by the Commission on Dental Accreditation of Canada

Requirements

1. Demonstrate successful completion of formal education for an Advanced Practice, or demonstrate substantial equivalency.
2. Submit this application form and all supporting documents.
3. Pay the \$25.00 application assessment fee, plus GST, when requested.

Personal information

Enter the requested information below.

First name _____ Last name _____

Mailing address _____ Registration # _____

City/province/country _____ Postal code _____

Home phone _____ Mobile phone _____

Email _____

Which advanced practice(s) are you applying for?

- orthodontic
- preventive (limited scaling)
- prosthodontic

Advanced practice education

Include a copy of your letter or certificate of completion and or an official transcript.

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

School name _____

Substantial equivalence

Complete this section if you are applying through substantial equivalence.

I have successfully completed formal education in an oral health program (for example, dental hygiene) that is accredited by the Commission on Dental Accreditation of Canada.

- attach education verification
- provide this information:

Institution/school name _____

Program name _____

Location of school _____ Program end date _____
(MM/DD/YYYY)

I have current practice rights for an Advanced Practice in a regulated Canadian jurisdiction or in a regulated profession that authorizes the advanced practice in Canada.

- attach verification that demonstrates your practice rights include an Advanced Practice
- use this [Verification of Standing form](#) (see form for instructions)
- provide this information:

Province _____ Valid from _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)

Applicant's statement

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

Terms and conditions

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

1. When we receive your Assessment Fee, it is **non-refundable**.
2. Each application for Advanced Practice authorization will be reviewed on an individual basis.
3. We will assess your application and notify you by email of the result of our assessment.
4. If you meet the eligibility requirements, we will add the applicable Advanced Practice to your authorized practice.
5. If you do not meet the eligibility requirements you must successfully complete approved Advanced Practice education prior to re-applying for Advanced Practice authorization.
6. The Registrar, or their delegate, may request that you submit additional information in order to verify your eligibility.
7. If your application is incomplete and/or the Registrar, or their delegate, requests additional information, we will hold your application for up to 45 calendar days. You must complete all incomplete/missing requirements and submit verification or information within 45 calendar days. If you do not complete all of the requirements within that 45-day period your application will expire, and you will forfeit the \$26.25 Assessment Fee. Your application and verification documents will not be returned to you. If your application expires, you must begin a new application to apply for advanced practice Authorization. If you begin a new application in the future, you must pay the assessment fee again.
8. The Registrar, or their delegate, may refuse or defer your application for advanced practice authorization if you are the subject of investigation or discipline related to unprofessional conduct in any jurisdiction.
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.

I accept the terms and conditions above.

Signed _____

Applicant's signature

_____ Date (MM/DD/YYYY)

Submit your application

Submit your application to: application@abrda.ca OR 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 (\$26.25). 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