

Provisional Registration Application

Distance Delivery Student

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

- You are enrolled in a Canadian distance delivery dental assisting program accredited by the Commission on Dental Accreditation of Canada (CDAC), and
- You successfully completed at least one intra-oral clinical course.

Provisional Registration

You need to know the following about provisional registration:

- Provisional registration allows you to work as a dental assistant while you are in the process of completing your education and National Dental Assisting Examining Board (NDAEB) requirements. You must be supervised by a Registered Dental Assistant, dentist, dental hygienist or denturist. Supervision means on-site and able to assist.
- You can hold provisional registration for up to 365 days. You must complete your NDAEB requirements within 365 days of becoming provisionally registered.
- Your provisional status will expire on November 30. To continue your provisional status after November 30 (for the remainder of your 365-day maximum) you must renew it before it expires.

Requirements

You must complete these requirements to qualify for registration:

1. Demonstrate entry to practice requirements:
 - enrollment in a CDAC accredited Canadian distance delivery dental assisting program
 - successful completion of at least one intra-oral clinical course.
2. Demonstrate good character and reputation by:
 - answering professional declarations in the application,
 - obtaining results of a criminal record check or a police certificate dated within the 90 calendar days before you apply, and
 - requesting verification of standing (standard form is available on our [website https://abrda.ca/](https://abrda.ca/)) from other professional regulators where you have current or previous registration, if applicable, dated within the 30 calendar days before you apply
3. Demonstrate current professional liability insurance (PLI) by:
 - obtaining a PLI certificate in your name with coverage effective until December 1, 2026
 - coverage must 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).

More information and options for coverage are available on our [website](https://abrda.ca/) <https://abrda.ca/>.

4. Submit this application form and all supporting documents.
5. Pay applicable fees when requested:
 - Application Assessment Fee \$105.00
 - Annual Registration Fee \$225.00 (pro-rated to \$112.50 between June 1 and November 30)

Personal information

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

If your legal name is different than the name on any of your verification documents, include a copy of legal documents that verify your name change. (examples: marriage certificate, legal name change document).

In the First and Last Name areas, provide your legal name as it appears on your identification. If you go by a different first name, provide it as your Common/preferred name. If your name has changed since birth, provide all names you have previously used as your Former name(s).

Enter the requested information below.

First name _____ Date of birth _____
(MM/DD/YYYY)

Last name _____

Common/preferred name _____

Former name(s) _____

My name has not changed since birth

Gender (optional): Female Male Other/prefer not to say

Contact information

You must provide a phone number, a mailing address where you can receive correspondence, and a personal email address. We will contact you by email about the status of your application.

Enter the requested information below.

Mailing address _____

City/province/country _____ Postal code _____

Home phone _____ Mobile phone _____

Email _____

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Languages

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

Languages _____

Dental assisting education

Include a copy of your verification of enrollment.

School name _____ Program end date _____
(MM/DD/YYYY)

City/country of school _____

Entry to provisional practice requirement

Include a copy of your official transcript or a letter from your education program confirming intra-oral course(s) clinical completion.

I successfully completed intra-oral clinical courses for the following intra-oral services:

Professional liability insurance (PLI) coverage

- I have obtained a PLI certificate in my name with coverage in effect until December 1, 2026, and I will notify the College in writing within 15 (fifteen) calendar days of any changes to my PLI coverage.
- submit a copy of your PLI certificate

Professional information

Check off the requirements you meet below.

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

Good character and reputation – 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
 - [use this Self-Reporting form](#) (see form for instructions)
- No

Have you ever had conditions/restrictions, or the equivalent placed on your practice by any professional regulatory body?

- Yes
 - [use this Self-Reporting form](#) (see form for instructions)
- 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
 - [use this Self-Reporting form](#) (see form for instructions)
- No

Have you ever had a civil judgement against you in relation to your professional practice?

- Yes
 - [use this Self-Reporting form](#) (see form for instructions)
- No

Is there anything else that may have a negative impact on your fitness to practice dental assisting?

- Yes
 - [use this Self-Reporting form](#) (see form for instructions)
- No

Good character and reputation – verification of standing

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 this Verification of Standing form](#) (see form for instructions)
 - provide this information:

Organization

From (MM/DD/YYYY)

To (MM/DD/YYYY)

- No

Current employment information

Check off your current employment status.

- 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)
- 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)

Employer name _____

Employer mailing address _____

Employer city/province _____ Employer postal code _____

Employer phone _____ Employer email _____

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

Job description _____

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/) (<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, including for the purposes of service providers contacting me regarding carrying out the College's professional regulatory functions. 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 registration requirements and ensure that I have a valid Practice Permit before I practice (employment/volunteer) 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, Health Professions Restricted Activities 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)

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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 and directions on how to pay 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: before you apply for provisional

Have you attached a copy of:

- Canadian government issued identification that has your legal name and date of birth
- verification of name change(s), if applicable
- verification of education enrollment
- verification intra-oral course completion
- verification you are scheduled to sit the NDAEB exam, if applicable
- written information about your investigation/discipline proceedings, practice conditions/restrictions, criminal offences and/or civil judgements, if applicable
- information you recorded on separate sheet(s), if applicable
- Criminal Record Check Certificate
- professional liability insurance certificate in your name with coverage in effect until December 1, 2026

Have you:

- submitted your application and supporting documents within 3 years of your dental assisting education
- sent a Verification of Standing Form to each regulatory body you have current or previous practice rights
- completed the Applicant's Statement
- signed and dated Terms and Conditions