

Application for Transfer Provisional Register to General Register

Use this form to apply to transfer your Provisional Practice Permit to a Registered Practice Permit if you have a valid Provisional Practice Permit, and you have completed your outstanding registration requirement.

Accredited* program graduate requirements

1. Pass the National Dental Assisting Examining Board (NDAEB) theory exam.
2. Have an NDAEB certificate number.
3. Submit this application form and all supporting documents.
4. Pay the \$25.00 transfer assessment fee, plus GST, when requested.

Non-accredited or international program graduate requirement

1. Pass the NDAEB Clinical Practice Evaluation (CPE) or intra-oral upgrading at a school with an accredited* dental assisting program in lieu of the CPE for these practices:
 - dental radiographs
 - impressions
 - dental dam
 - coronal polishing
 - anticariogenic agents
 - pit and fissure sealants
 - matrices and wedges
 - topical anaesthetic
 - bases and liners
2. Pass the NDAEB theory exam.
3. Have an NDAEB certificate number.
4. Submit this application form and all supporting documents.
5. Pay the \$25.00 transfer assessment fee, plus GST, when requested.

*Accredited by the Commission on Dental Accreditation of Canada

Personal information

Enter the requested information below.

First name _____ Last name _____

Mailing address _____ Registration # _____

City/province/country _____ Postal code _____

Home phone _____ Mobile phone _____

Email _____

Outstanding registration requirement

Check off which requirement you meet and provide verification.

- I graduated from an *accredited* program, passed the NDAEB exam, and have an NDAEB certificate number.
 - include a copy of your NDAEB exam results letter, and a copy of your NDAEB certificate or other documentation issued by the NDAEB that shows your NDAEB certificate number
- I graduated from a *non-accredited* or *international* program, passed the NDAEB exam and CPE, and have an NDAEB certificate number.
 - include copies of your NDAEB exam and CPE results letters, and a copy of your NDAEB certificate or other documentation issued by the NDAEB that shows your NDAEB certificate number
- I graduated from a *non-accredited* or *international* program, passed the NDAEB exam, passed some skills in the NDAEB CPE, completed intra-oral upgrading for some skills in lieu of the CPE, and have an NDAEB certificate number.
 - include copies of your NDAEB exam and CPE results letters, verification of intra-oral upgrading (for example, letter, transcript, or certificate from school) and a copy of your NDAEB certificate or other documentation issued by the NDAEB that shows your NDAEB certificate number

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.

May 11, 26

Terms and conditions

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

1. When we receive your Transfer Assessment Fee; it is **non-refundable**.
2. We will assess your application and notify you by email of the result of our assessment.
3. You must complete all eligibility requirements in this application before your Provisional Practice Permit expires. If your Provisional Practice Permit expires or your registration is cancelled before we issue a Registered Practice Permit to you, you must complete additional eligibility requirements to obtain a Registered Practice Permit. If your Provisional Practice Permit expires before the end of the 45-day period explained below, the 45-day period terminates on the day your Provisional Practice Permit expires.
4. If you meet the eligibility requirements, we will transfer you from the Provisional Register to the General Register and issue a Registered Practice Permit to you.
5. If your application is incomplete and/or you do not meet the eligibility 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 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 to transfer from the Provisional Register to the General Register. If you begin a new application in the future, you must pay the Assessment Fee again.
6. Fees are subject to change at any time.
7. The official receipt of payment will only be issued in the name of the payer.
8. 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: 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