

Cancellation Request Form

Use this form to cancel your registration and practice permit.

Personal information

First name _____ Last name _____

Mailing address _____ Registration # _____

City/province/country _____ Postal code _____

Home phone _____ Mobile phone _____

Email _____

Reason for cancellation

- | | | |
|--|--|--|
| <input type="checkbox"/> Caring for family | Returning to school as/in: | Working as/in: |
| <input type="checkbox"/> Illness/medical | <input type="checkbox"/> Dental hygienist | <input type="checkbox"/> Dental hygienist |
| <input type="checkbox"/> Parental leave | <input type="checkbox"/> Dental technologist | <input type="checkbox"/> Dental technologist |
| <input type="checkbox"/> Moved out of Alberta | <input type="checkbox"/> Dentist | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Retiring | <input type="checkbox"/> Denturist | <input type="checkbox"/> Denturist |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Non-dental program | <input type="checkbox"/> Dental reception/administration |
| <input type="checkbox"/> Other (specify) _____ | | <input type="checkbox"/> Dental sales |
| | | <input type="checkbox"/> Non-dental field |

Declaration

I _____ hereby authorize and provide my consent to the College to
(print name)
cancel my registration effective (insert cancel date) _____
(MM/DD/YYYY)

I am aware and understand that after my registration and permit are cancelled that:

1. I do not hold a practice permit and cannot practise dental assisting in Alberta.
2. I cannot use these protected titles:
 - a. Registered Dental Assistants (RDA)
 - b. Dental Assistant (DA).
3. I will no longer have access to the portal and will need to print or save my receipts and competence records before I cancel.
4. My professional liability insurance coverage for dental assisting may be null and void.
5. My name and registration status will continue to be listed on the College's public registry.
6. I can reinstate my registration in the future.

I certify that I will not perform dental assisting services or hold myself out to be a dental assistant in the province of Alberta, and I will not use the protected titles listed above until I have reinstated my registration and hold a valid practice permit issued by the College of Alberta Dental Assistants.

Signed _____ Date _____
(Registrant's signature) (MM/DD/YYYY)

Registration Policies are available on our [website](https://abrda.ca/) (https://abrda.ca/). Policies are subject to change without notice. Check the website for current information.

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 received and processed your request within 10 business days.

Questions? Need help?

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

