CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

CERTIFICATE OF RECOGNITION

(for the completion of an accredited dental internship in Canada)

In 1994, the Canadian Dental Association approved the establishment of a national database or registry of graduates of:

- hospital dental internships or
- general practice residencies in dentistry

Dentists having completed a Canadian accredited dental internship or General Practice Residency program accredited by the Commission on Dental Accreditation of Canada (CDAC) can apply for a framed Certificate of Recognition.

Currently, not all licensing bodies recognize the dental internship as continuing education. However, with the adoption of this program, it is hoped that the provincial licensing bodies will i) recognize the dental internship as continuing education credit and ii) register completion of a dental internship and receipt of the certificate in their databanks.

Importance of Registering with the Program

The Certificate of Recognition identifies you as a qualified candidate to employers in health facilities, other institutions, and government. The Certificate also identifies you to the public and consumer groups as a practitioner with advanced education and experience in inpatient settings.

Application

There is a charge for processing an application to receive a certificate issued by the Canadian Dental Association for the completion of an accredited dental internship in Canada. The fee is $150.00 plus GST or HST (see application form for details). Fees are due upon receipt of the application and are payable by cheque, VISA or MASTERCARD.

PLEASE COMPLETE THE APPLICATION FOR CERTIFICATE (SEE BELOW) AND FORWARD TO:

Registrar
National Dental Internship Recognition Program
c/o Canadian Dental Association
1815 Alta Vista, Ottawa, ON Canada K1G 3Y6

Thank you for your interest in the program.

PLEASE PRINT CLEARLY

APPLICATION FOR CERTIFICATE OF RECOGNITION

(for the completion of an accredited dental internship program in Canada)

Note: Please include your full address, including apartment # (No Box Office #s please). Any returns/replacements of certificates may incur additional charges.

First Name:	Middle Initial:	Last Name:	
Address: ☐ home or ☐ office	Address:		
	City:	Province:	Postal Code:
Home Telephone:	Office Telephone:		
Email:			

Name of internship program completed:
Name of health facility where training completed:
Name of Program Director:
Location of health facility (city, province):
When graduated from internship program (month/year):
Obtained ☐ DDS or ☐ DMD degree at (School): In (city/province):

Please name **all** the province(s) or jurisdiction(s) in which you are licensed to practice dentistry.		Do you wish this province/jurisdiction to be notified of your completion of the dental internship program noted above?
A		A ☐ YES ☐ NO
B		B ☐ YES ☐ NO
C		C ☐ YES ☐ NO

I (please print name) _____ grant permission to the Canadian Dental Association to:

1. Contact the program director of the health facility noted above to confirm my successful completion of the dental internship program as stated above.
   AND
2. If requested above, notify the aforementioned dental licensing body/bodies of my successful completion of the dental internship program as stated above.

_____ _____

Signature Date

Application Processing fee: $150.00 + GST or HST $ _____ (*) = $ _____ GST/HST No. R106845209

(*) 5% GST for AB, SK, MB, QC, BC, NT, NU, YK = $ 7.50

13% HST for ON = $19.50 / 15% HST for NS, NF, NB, PEI = $22.50

If the fees are paid by a tax-exempt organization, please provide your tax exception certification no./info.

PAYMENT METHOD: ☐ CHEQUE (payable to Canadian Dental Association) ☐ VISA ☐ MASTERCARD
Credit Card Number: Expiry Date:
Name as it appears on card:
Signature of cardholder:

Please send completed form and payment:

National Dental Internship Recognition Program
c/o Canadian Dental Association
1815 Alta Vista Drive, Ottawa, ON Canada K1G 3Y6
Tel.: 613-523-1770, ext. 5001 or 1-800-267-6354
FAX: 613-523-7736

Please allow 8-10 weeks for processing.