

College of Denturists of British Columbia

Clinical Examination Declaration

I, _____, of _____, in the city
of _____, in the Province of British Columbia do solemnly declare
that:

1. I am making application to the Registration Committee of the College of Denturists of British Columbia to challenge the Clinical Examinations.
2. I am currently registered with the College of Denturists of British Columbia, or have been approved as a candidate by the Registration Committee.
3. The sole purpose for taking this examination is to be licensed and practice, as a denturist, in the Province of British Columbia.
4. I am not taking this examination to circumvent the legal licensure requirements of another Canadian jurisdiction or for the purpose of licensure in a Canadian jurisdiction other than British Columbia.
5. I have not been convicted in Canada or elsewhere of any offense that, if committed by a person registered under the Health Professions Act, would constitute unprofessional conduct or conduct unbecoming a registrant.
6. I have not been convicted of a criminal offence in Canada or elsewhere since making application and completing the Criminal Record Review as required by law in British Columbia.

AND I make this Solemn Declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

DECLARED before me at the city
of _____, in the Province of
British Columbia, the ____ day
of _____, 200__

Commissioner for taking Affidavits in
British Columbia