



**College of Denturists of British Columbia**  
 101 – 309 Sixth Street  
 New Westminster, BC V3L 3A7  
 Tel: 604-515-0533 Fax: 604-515-0534

**Active  
Full**

**Application for Renewal of Registration 2010 - 2011**

**1) License Renewal**

I, \_\_\_\_\_ (print name) apply to renew my license with the College of Denturists of British Columbia and attest that my criminal record status did not change (all changes must be disclosed to the College office) and that I will comply with the *Health Professions Act (RSBC 1996)*, the Denturist Regulation, and the Bylaws of the College of Denturists of BC.

**2) Professional Liability Insurance**

Active Registrants must prove that they have professional liability insurance coverage in the amount of \$2,000,000. **Registrants must select one of the following;**

As a member in good standing with the Denturist Association of BC. The Association will confirm coverage on your behalf.

**OR**

If you obtain insurance through an insurance agent or broker, you **must attach a copy of the policy statement**. Your license CANNOT be renewed without proof of liability insurance.

**OR**

If your insurance is covered under another Registrant's insurance policy, please **complete an Insurance Declaration form**. Please contact the College office for a form. Your license CANNOT be renewed without proof of liability insurance.

**3) Email**

I regularly check the email address stated below and give the College permission to correspond with me via email, including items such as, but not limited to, statements related to quality assurance or continuing education, and financial matters such as invoices.

Email address: \_\_\_\_\_

#### 4) Professional / Personal Contact Information

##### a) Primary Office Address

Disclosing Information: This is the contact information about the location of your practice. It cannot be a post office box. This address will be provided to the public and should resemble the information listed in telephone directories.

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Corporation Name \_\_\_\_\_  
Please fill in this line if you are the owner

##### b) Protected Address

In some circumstances, the address you provide to the College may be your home address or otherwise a private address **that you do not wish to have disclosed**. This address is generally not listed in telephone directories and will not be disclosed under information / privacy legislation. Please note, if you practice from your home and disclose this contact information in advertising of any type, the address cannot be protected from disclosure.

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
Postal Code \_\_\_\_\_

#### PLEASE INDICATE WHICH ADDRESS YOU WOULD LIKE THE COLLEGE TO SEND CORRESPONDENCE

Primary Office Address OR  Protected Address

#### 5) Checklist

Please ensure you have included each of the following;

- Completed Application for Registration Renewal
- Proof of Professional Liability Insurance (if not obtained through the DABC)
- Payment

#### 6) Declaration: By signing this form, I verify that the information is complete and truthful:

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2010

**The payment deadline is March 31<sup>st</sup>**  
**The penalty for late registration is \$350**  
**[Bylaw 57(1)]**