



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**

2012 - 2013 Application for Renewal of Registration

1) License Renewal

I, _____ apply to renew my license with the
 (please print name)
 College of Denturists of British Columbia (CDBC) and attest that my criminal record status did not change (all changes must be disclosed to the CDBC office). I also agree to comply with the *Health Professions Act (RSBC 1996)*, the Denturists Regulation, and the bylaws of the CDBC.

2) Professional Liability Insurance

Active Registrants must provide proof of professional liability insurance coverage in the amount of \$2,000,000.
Registrants must select one of the following;

- I am a member in good standing with the Denturist Association of British Columbia (DABC). The DABC will confirm coverage on your behalf.

OR

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

OR

- If your insurance is covered under another Registrant’s policy, you must **complete an insurance declaration form**. Please contact CDBC office for a form. Your license CANNOT be renewed without proof of liability insurance.

3) Email

I regularly check the email address below and give the CDBC permission to correspond with me through electronic mail. The CDBC may send items such as the Articulator newsletter, financial statements, such as invoices, and important quality assurance information.

Email address: _____
 (please print)

4) Professional / Personal Contact Information

a) Primary Business Address

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

Address _____ Phone Number (____) _____

City _____ Postal Code _____
Corporation Name _____
(Corporation owners only)

b) Residential Address

This is the contact information for your home address or otherwise a private address. This address is protected under information/privacy legislation and will not be disclosed.

Address _____ Phone Number (____) _____

City _____ Postal Code _____

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

Primary Business Address OR Residential Address

5) Checklist

Please ensure you have included 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 provided is complete and truthful:

Registrant's Signature: _____ Date: _____, 2012

The payment deadline is March 31st
The penalty for late registration is \$420
[CDBC bylaw: section 57(1)]