COLLEGE OF DENTURISTS OF BRITISH COLUMBIA

Statutory Declaration

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE COLLEGE OF DENTURISTS OF BRITISH COLUMBIA

I, _____, of _____
Print Name Address Postal Code

In the Province of _____, do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence except as follows: (NOTE: Do not list convictions for which you have received a pardon)

   _____

2. My past conduct does not demonstrate any pattern of in competency or untrustworthiness, which would make registration contrary to the public interest.

3. I am a person of good character.

4. My entitlements to practice denturism have not been limited, restricted, or subject to conditions in any jurisdiction at any time except as follows:

   _____

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction, which could result in the suspension or cancellation of my authorization to practice denturism in that jurisdiction except as follows:

   _____

6. I will read the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Denturists of British Columbia before practicing in British Columbia.

7. I will practice at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Denturists,

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_____, this _____ day of _____, _____.

_____

A COMMISSIONER FOR THE TAKING OF AFFIDAVITS (LICENSE #……..)