

# The National Dental Examining Board of Canada

## Application Form – Certification Process

FOR GRADUATES FROM ACCREDITED DENTAL PROGRAMS OF MORE THAN 60 MONTHS

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION CLEARLY.

Name of Applicant: DR. \_\_\_\_\_,  
(Surname) (Given Name(s))

Post-Secondary Institution: \_\_\_\_\_

Dental Degree Awarded: \_\_\_\_\_ Date Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1) Please complete an online application at <http://www.ndeb.ca/en/accredited/application.htm>.
- 2) The following documents must accompany this form;
  - a. A notarized photocopy of your dental diploma.
  - b. Statements of good standing from all jurisdictions in which the applicant has been licensed.
  - c. Documentation of continuous practice over the past 3 years.
  - d. Documentation of attendance at Continuing Education Courses for the past 3 years.

### Examination(s):

I wish to register for:  Written Examination  OSCE Examination

For the following session:  March 2012 **or**  May 2012 **or**  November 2012

Examination Centre preference (indicate city)\* 1. \_\_\_\_\_

2. \_\_\_\_\_

*\* The NDEB will try to accommodate location preferences; however, may have to offer alternate locations due to space limitations at some examination locations.*

**Registration requests must be received prior to the application deadline date.** Please be advised that the Executive Committee will review your application and supporting documents at their next meeting provided you forward all of the required documents to our office prior to the application deadline date. Please be aware that the Committee may request other documentation during its consideration of your request.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_