



Saskatchewan Dental Therapists Association

2012 Membership Application

(February 1, 2012-January 31, 2013)

Membership

- Practicing (license)*
- Clinical restorative practice \$ 495.00 (after July 31, 2012 - \$417.00)
- Public health preventive practice \$ 377.00 (after July 31, 2012 - \$346.20)
- Non-Practicing Membership \$ 100.00
- Affiliate \$ 30.00

* Includes Professional Liability Insurance Coverage of \$1 Million/Occurrence; \$2 Million Aggregate.

Personal Information

Name*: _____ Nee: _____

Address: _____ Postal Code: _____

Telephone: Home: _____ Work: _____

Fax: _____ E-mail: _____

* Proof of name change is required if present name differs from name on last license.

Education/Qualifications (complete if information is different than previous year)

Year of Graduation

Dental Therapist: _____ Ortho Module: _____

Dental Assistant: _____ Permanent Extraction: _____

Dental Hygienist: _____ Other: _____

Employer Information

Name of Employer: _____

Name of Consulting Dentist (required): _____

Address: _____

City: _____ Postal Code: _____

Full-time: _____ Hours per week: _____

Part-time: _____ Hours per week: _____

I wish to be notified of any future job opportunities. All job opportunities can be found at www.sdta.ca.

(over)

Declaration

Since you last applied for membership with the SDTA:

Have you been the subject of any investigations, reviews, disciplinary hearings or proceedings (including criminal proceedings) in any province, territory, state or country?

No Yes If yes, please explain: _____

Have you ever been convicted of an criminal offense under the Criminal Code (Canada), the Food and Drug Act (Canada), the Controlled Drugs and Substance Act (Canada) or any other similar legislation in any province, territory, state or country?

No Yes If yes, please explain: _____

I consent to have my name, address, phone number and email address published in the SDTA Annual Directory.

The province is divided up into the following SDTA regions. Please indicate your region of choice:

- | | | |
|---|--|--|
| <input type="checkbox"/> Carlyle/Estevan | <input type="checkbox"/> Moose Jaw | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> North Battleford | <input type="checkbox"/> Prince Albert | <input type="checkbox"/> Swift Current |
| <input type="checkbox"/> Northern Health | <input type="checkbox"/> Regina | <input type="checkbox"/> Yorkton |

For statistical purposes please indicate which of the following health regions you reside in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input type="checkbox"/> Regina/Qu'Appelle |
| <input type="checkbox"/> Five Hills | <input type="checkbox"/> Mamawetan Churchill River | <input type="checkbox"/> Saskatoon |
| <input type="checkbox"/> Heartland | <input type="checkbox"/> Prairie North | <input type="checkbox"/> Sun Country |
| <input type="checkbox"/> Keewatin Yatthe | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Sunrise |

All members are required to comply with The Dental Disciplines Act and The Saskatchewan Dental Therapists Association Bylaws.

X _____
Signature of Applicant Date

Make cheque or money order payable to Saskatchewan Dental Therapists Association. A post dated cheque dated January 31, 2012 will be accepted. Memberships will be valid until January 31, 2013.

Mail to: Saskatchewan Dental Therapists Association
Registrar's Office
P.O. Box 360, 2364 Proton Ave.
Gull Lake, SK S0N 1A0
Phone: (306)672-3699 Fax: (306)672-3619
E-mail: sdta@sasktel.net Website: www.sdta.ca