The National Dental Examining Board of Canada
Le Bureau national d'examen dentaire du Canada

Certification Process Form

Legal Name: NDEB ID Number:

Carefully read, sign, and submit this page with your first submission of required documents.

All documents must be submitted as outlined on the NDEB website **before the document submission deadline** date posted on the website.

Document Checklist

Documents to be submitted by the applicant:

- ☐ This Certification Process Form, completed and signed
- ☐ Notarized valid government issued photo identification
- ☐ Proof of name change or difference in name, if required
- ☐ Sworn affidavit attesting to gaps in licensing, if required

Document must be submitted directly by the licensing body if you are or have been licensed outside of Canada:

- ☐ Statement of Good Standing

Documents to be submitted **after graduation** directly by the university for certification. This is not required to be submitted before taking the examination.

- ☐ Proof of graduation from your general dentistry program as outlined on the NDEB website

All documents submitted to the NDEB become the property of the NDEB and will not be returned. Documents issued directly to the NDEB by an institution or licensing body will not be provided to the applicant or a third-party organization.

The NDEB reserves the right to, at any time, request additional documents for the purpose of verifying eligibility to participate in the NDEB Certification Process.

Disclosure

In accordance with NDEB By-laws, you must disclose if your licence to practise dentistry, issued by any dental licensing or regulatory authority, has been or is suspended or cancelled, or if you are on probation within any licensing jurisdiction. The disclosure component applies to any dental licence in general dentistry or dental specialty in any country.

If after completing your dental education in any country, you were not licensed for a period of twelve (12) months or more, you must submit an original sworn affidavit attesting to the fact that you were not licensed, including the reason.

Select **one** of the statements below:

- ☐ I have never been licensed to practice dentistry in any country.
- ☐ My licence(s) to practice dentistry in any country has never been suspended or revoked. (Provide information in table below)
- ☐ My licence(s) to practice dentistry in any country has been suspended or revoked by the regulator. (Provide information in table below)

☐ My licence(s) to practice dentistry in any country is currently under probation. (Provide information in table below)

If you have been licensed, complete the information below:

Province or State and Country	Profession	First date of registration (DD/MM/YY)	End of registration (DD/MM/YY)	Reason for ending registration

This information may be verified directly with the dental regulator.

Consent

I acknowledge that I have received, read, and understand the application requirements.

I authorize the release of my academic information from all universities I have attended to the NDEB for the purpose of participating in the NDEB Certification Process.

I authorize the release of my licensure information from all regulators where I have been registered to the NDEB for the purpose of participating in the NDEB Certification Process.

_____ _____

Applicant's Signature Date [DD/MM/YYYY]

You must sign ALL documentation with the NDEB in the same manner as you have signed your government issued identification.