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

Carefully read, sign, and submit this form to the NDEB by email at verification@ndeb-bned.ca.

Alternative Document Submission Equivalency Process Form

Legal Name: _____ NDEB ID Number: _____

You are applying to the NDEB Equivalency Process through the Alternative Document Submission Process. Applications are reviewed on a case-by-case basis. The NDEB reserves the right to, at any time, request additional documents for the purpose of verifying eligibility to participate in the NDEB examinations.

1. Which of the following best describes your current situation?

   ☐ I do not have my final degree or diploma available to submit.

   ☐ My university or regulatory body is closed, or my records have been destroyed.

   ☐ I am a displaced or high-risk applicant (e.g., protected person or refugee).

2. Do you consent to verification directly with your university or licensing body?

   ☐ Yes ☐ No

3. If required, are you willing to participate in an interview as part of the verification process?

   ☐ Yes ☐ No

Any original documents submitted at the request of the NDEB will be returned to you. All other 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.

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 revoked, 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. Select the applicable statement(s):

- ☐ I have never been licensed in general dentistry or dental specialty in any country.
- ☐ My licence to practice dentistry has never been suspended or revoked by the regulator.
- ☐ My licence to practice dentistry has been suspended or revoked. (Provide information)
- ☐ My licence to practice dentistry is currently under probation. (Provide information)

If you have been licensed, please input the information below:

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

This information may be verified directly with the regulator.

Consent

Select the only the applicable statements below.

- ☐ I acknowledge that I have received, read, and understand the application requirements.
- ☐ I authorize the release of my academic information from any and all universities I have attended to the NDEB for the purpose of participating in the Equivalency 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 Equivalency Process.

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

_____ _____

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