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

Equivalency Process Form

Legal Name: NDEB ID Number:

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

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

The NDEB will begin processing your application when all required documents are received. Failure to submit all required documents as outlined in the Application Guide will result in delays in verifying your application.

Document Checklist

Documents to be submitted by you, the applicant:

- ☐ This Equivalency Process Form, completed
- ☐ Notarized valid government issued photo identification
- ☐ Canadian Citizenship or Proof of Canadian Residency, optional
- ☐ Proof of name change or difference in name, if required
- ☐ Notarized colour photocopy of the front and back of your final dental degree
- ☐ Notarized colour photocopy of the front and back of your internship completion certificate, if applicable
- ☐ Original translation of all documents not issued in English or French, if applicable

Documents to be submitted by the university:

- ☐ Confirmation of Degree Form
- ☐ Official Academic Record

Documents to be submitted by the licensing body:

- ☐ Statement of Good Standing

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 examinations.

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 one applicable statement:

- ☐ 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, you must input the information below:

Province or State and Country	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 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 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.

_____ _____

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