

Legal Name:

NDEB® ID Number:

**Carefully read, sign, and submit this page with your first submission of 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 by the requirements will result in delays in verifying your application.

## Document Check-list

Documents to be submitted by the applicant:

- ☐ This DSCKE™ Form
- ☐ Two photographs
- ☐ Application Form
- ☐ Self-Assessment Checklist
- ☐ Application Fee
- ☐ Notarized valid government issued photo identification
- ☐ Proof of name change or difference in name, if required
- ☐ Notarised photocopy of your final dental degree
- ☐ Notarised photocopy of your dental specialty degree
- ☐ Notarised photocopy of your internship completion certificate, if applicable
- ☐ Original translation of document(s) not issued in English or French, if applicable

Documents to be submitted to the NDEB® by the university:

- ☐ Confirmation of Degree Form
- ☐ Official Academic Record from your dental specialty program
- ☐ Official Academic Record from your dental program

Documents to be sent directly to the NDEB® 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.

Please type or print the following information exactly as you want it to appear on all NDEB documents.  
Any false statement knowingly made in this document may result in rejection of the application, cancellation of examination eligibility, and/or cancellation of any previously issued results.

### Dental Specialty (select one)

- |                                  |                          |
|----------------------------------|--------------------------|
| Dental Public Health             | <input type="checkbox"/> |
| Endodontics                      | <input type="checkbox"/> |
| Oral and Maxillofacial Radiology | <input type="checkbox"/> |
| Oral and Maxillofacial Surgery   | <input type="checkbox"/> |
| Oral Medicine/ Oral Pathology    | <input type="checkbox"/> |
| Orthodontics                     | <input type="checkbox"/> |
| Pediatric Dentistry              | <input type="checkbox"/> |
| Periodontics                     | <input type="checkbox"/> |
| Prosthodontics                   | <input type="checkbox"/> |

### Personal Information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Participant in the NDEB Equivalency Process? ☐ Yes ☐ No

If yes, provide your NDEB ID number \_\_\_\_\_

*All correspondence, including results, will be sent by email. If you do not want examination results sent by email, please notify our office in writing.*

## 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, dental specialty, or any regulated professions in any country. You must select the applicable box.

Select the applicable statement(s):

- ☐ I have never been licensed in general dentistry, dental specialty, or any regulated profession in any country.
- ☐ My licence to practice dentistry has never been suspended or cancelled.
- ☐ My licence to practice dentistry has been suspended or cancelled.
- ☐ My licence to practice dentistry is currently under probation.

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

| Province or State and Country | First date of registration<br>(DD/MM/YY) | End of registration<br>(DD/MM/YY) | Reason for ending registration |
|-------------------------------|------------------------------------------|-----------------------------------|--------------------------------|
|                               |                                          |                                   |                                |
|                               |                                          |                                   |                                |
|                               |                                          |                                   |                                |
|                               |                                          |                                   |                                |

## Consent

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 DSCKE™.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date [DD/MM/YYYY]

February 7, 2022

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