

The National Dental Examining Board of Canada Le Bureau National d'Examen Dentaire du Canada

Alternative Documentation Submission Process

Applicants who are unable to submit Required Documents due to circumstances beyond their control (eg. war, refugee status) may use the NDEB Alternative Documentation Submission Process.

The NDEB will consider the evidence submitted on a case by case basis and provide understandable reasons for any decision.

Guidelines for Alternative Documentation Submission Process (Subject to Change)

Please be informed that:

- 1) All photocopies submitted must be NOTARIZED.

NOTARIZED means the photocopied document has been compared to the original by the individual who has signed and sealed the document. All notarized photocopies must bear the original seal and signature of a Notary Public, a Commissioner of Oaths, or an Officer of a Canadian Consulate or Embassy. The seal/notary statement must state that the document is a true copy of the original document seen by the individual who has notarized the document. Original seals **must** display the credentials of the individual in English or French.

- 2) If any document submitted is issued in a language other than English or French, the applicant must also provide an ORIGINAL TRANSLATION.

ORIGINAL TRANSLATION means translations done by a certified translator, bearing the original seal and signature of the certified translator, and must be secured by the translator to a photocopy of the original document from which it is being translated. The translator must also place their seal on all pages. Original seals must display the credentials of the individual in English or French. A certified translator is an individual who has been evaluated by a translation authority and holds a license, issued by a government recognized translation association, to perform legal translations. A translation attested by a school official such as a Dean or Registrar, or a notarized photocopy of a translation is not acceptable.

- 3) ORIGINAL SWORN AFFIDAVIT means an affidavit or statement issued in English or French. The document must bear the original seal and signature of a Notary Public, or a Commissioner of Oaths. Original seals **must** display the credentials of the individual in English or French.
- 4) GOOD STANDING means that the applicant holds a current practicing license and is not subject to any disciplinary finding that would prohibit or restrict the practice of dentistry.

Revised: March 3, 2014

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Alternative Documentation Submission Request Form

Please type or print the following information clearly. This form and all required supporting documents must be received by the NDEB Office **12 weeks** prior to the registration deadline date for the assessment/examination.

NDEB Identification Number:

Name of Applicant: DR. _____,
(Surname) (Given Name(s))

Post-Secondary Institution: _____

Dental Degree Awarded: _____ **Date Awarded:** ___/___/___

Instructions:

- Complete an application and pay the application fee
- Submit all available required documents from the Required Documents form
- Submit an ORIGINAL SWORN AFFIDAVIT attesting to the circumstances preventing you from submitting all required documents
- Provide two (2) of the following:
 1. Statements of GOOD STANDING from all jurisdictions in which you have been licensed
 2. Letters attesting that you have graduated from a dental program from Faculty members or University officials.
 3. Notarized copies of official transcripts in your possession.
 4. Letters confirming you have completed a compulsory internship, if required.
 5. Documentation of attendance at Continuing Education Courses for the past 3 years
 6. Proof of refugee or protected person status in Canada

I, _____ declare that I am unable to provide the NDEB with the required documents indicated below due to circumstance beyond my control. I understand that the NDEB may request additional documentation.

- Confirmation of Degree Completion Form
- Transcript of marks
- Dental diploma/degree
- Internship Completion Certificate

Signature of applicant: _____ Date: _____