

# Registration Form Dental Specialty Core Knowledge Examination (DSCKE)

Return this form and the examination fee to the NDEB office by the registration deadline date.

**This examination will be delivered electronically at Prometic test centres across Canada. For information about the new format, visit the [NDEB website](#).**

Type or print the following information clearly

DSCKE ID number \_\_\_\_\_  
Family name \_\_\_\_\_  
Given name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province/State \_\_\_\_\_  
Postal/Zip code \_\_\_\_\_  
Email address \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Cell number \_\_\_\_\_

All correspondence, including results, will be sent to you by email.

I wish to take the examination in: English  French

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

You must sign all documentation with the NDEB, including forms and assessments/examinations, in the same manner as you have signed your identification.

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