

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 examination, 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.