



## Disclosure of Registration Applications In Canada

In assessing applications for registration as a Regulated Member, the College has the authority to request information from applicants for consideration in assessing the application.

For International applicants, the College requires the applicant to provide a disclosure of any and all applications made to jurisdictions within Canada.

This form must be returned to the College with your application.

### Instructions

- i. Place an "X" (☒) into the appropriate box(es);
- ii. Provide statement of all jurisdictions to which you have made application and the results of that application; and
- iii. Complete the Certification/Affirmation and return this form with your application documents.

1.  I have not made registration application to any other jurisdiction in Canada for registration as a Denturist.- **Proceed to the Certification/Affirmation on page 2.**

2.  I have made registration application(s) to the following jurisdiction(s):

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3. The results of the application(s) was:

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If you require additional space, please attach a sheet to this form.

**Authorization to Release Information**

4. I, \_\_\_\_\_, do hereby authorize the Regulatory Body/Bodies of  
Applicant Name (print)  
the jurisdiction(s) indicated in **Question #2**, to provide the College of Alberta Denturists with any  
and all information pertaining to my application for registration in their jurisdiction.

**Certification/Affirmation**

I hereby certify/affirm that the information contained on this form is accurate and complete to the  
best of my knowledge, and I sign this in the presence of a witness on

This \_\_\_ day of \_\_\_, 20\_\_\_,

at \_\_\_\_\_  
City/Town Province/State/District Country

\_\_\_\_\_  
Applicant Name (print) Witness Name (print)

\_\_\_\_\_  
Applicant Signature Witness Signature

