



## Dental Laboratory Technician New Applicant

**Permitting Application Checklist**  
**Permitting Year Nov 1, 2025, to Oct 31, 2026**  
 202-1597 Bedford Hwy, Bedford, NS, B4A 1E7

**Please note:** The application must be submitted once started and cannot be saved.

<input type="checkbox"/>	Submit a completed Dental Laboratory Technician (DLT) online application form, including your registrant supervisor.
<b>I have sent the following supporting documents</b> (send with the Application form). <b>The CPR and PLI documents are mandatory to upload with your first application submission; however, if you don't upload the remaining documents with your first submission, you will have an opportunity to upload them later following our review</b>	
<input type="checkbox"/>	A photocopy of my birth certificate.
<input type="checkbox"/>	Evidence of name change, if your current name differs from that on your birth certificate (e.g., driver's licence, passport, marriage licence, or other government-issued ID).
<input type="checkbox"/>	A passport-like picture (full facial profile) in a format appropriate for a regulator e.g., business casual clothing.
<input type="checkbox"/>	Proof of Professional Liability Insurance (PLI) coverage through your employer or supervising registrant, or held in your own name, that meets the requirements. <i>(PLI Policy must cover the period to Oct 31, 2026.)</i>  <i>Please see the <a href="#">PLI Requirements</a> – for Permitted DLT section – for more information.</i>
<input type="checkbox"/>	A copy of my current permanent CPR certificate, at the level required by the Board taken within the last 12 months (typically called BLS or HCP). The level of CPR certification must include, at a minimum, classroom instruction and practicum experience related to: <ul style="list-style-type: none"> <li>• one and two-person rescuer chest compressions for adults, children and infants;</li> <li>• one and two-person rescuer adult, child and infant bag-valve-mask technique and rescue breathing;</li> <li>• relief of choking in adults, children and infants; and</li> <li>• use of an automated external defibrillator (AED).</li> </ul> <i>Please see the <a href="#">CPR Requirements</a> for more information,</i>
<input type="checkbox"/>	Proof of English language proficiency – if applicable. <i>If you did not indicate on your application that English is your first language, that you graduated from high school or equivalent in English, or that you graduated from any post-secondary studies in English, you must submit evidence of English language testing or a signed employer attestation of your English language proficiency.</i>  <i>Please see the <a href="#">English Language Requirements for DLTs</a> for more information.</i>
<b>I have requested these documents to be sent directly to NSRDHDTD, by mail or email (address above), if applicable:</b>	
<input type="checkbox"/>	Verification Forms: I have completed Part A of the NSRDHDTD Verification Form for Other Regulatory Bodies and sent the form to each jurisdiction where I am currently (or was previously) certified, licensed, or registered in dental technology, or another regulated profession. I have requested each jurisdiction to send the completed form directly to NSRDHDTD.
<b>I have paid the required fees by certified cheque, money order, e-transfer or credit card: (Note: Invoice will be generated for you. Further payment details are provided in the invoice.)</b>	
<input type="checkbox"/>	\$110.00 Permit Fee (Nov 1, 2025, to Oct 31, 2026)