



## Dental Technologist New Applicant

### Registration and Licensing Application Checklist

**Licensing Year Nov 1, 2026, to Oct 31, 2027**  
202-1597 Bedford Hwy, Bedford, NS, B4A 1E7

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

|                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I have sent the following supporting documents</b> (send with the Application form). <span style="color: red;">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.</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <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 and/or transcript e.g., driver's licence, passport, marriage licence, or other government-issued ID.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Proof of professional liability insurance (PLI) that meets the <a href="#">requirements</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <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> |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Evidence that I have practiced <u>600 hours</u> of dental technology in the 3 years immediately before the date of my application (does not apply to applicants who graduated within the last 36 months). If applicable, this must be in the form of a letter from the employer (on letterhead), CRA submission, e.g., ROE (Record of Employment).                                                                                                                                                                                                                                                                                              |
| <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"/>                                                                                                                                                                                                                                                                                                                                                    | Evidence of successful completion of the NS Jurisprudence Examination offered through the NSRDHDTD, which can only be taken once you <u>submit an application</u> for registration and licensure. The cost to take the online exam is \$50. Once the fee is deposited into our account, you will be provided with a link to complete the exam.                                                                                                                                                                                                                                                                                                  |
| <b>I have had the following documents certified by either a Notary Public or Commissioner of Oaths and mailed directly to the NSRDHDTD OR, you may have originals sent directly to the NSRDHDTD, by mail or email (address above):</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Successful completion of the Dental Technology Entry-to-Practice Assessment (DTEPTA) qualifying or registration examination approved by the NSRDHDTD e.g., the examinations delivered by the <a href="#">Canadian Alliance of Dental Technology Regulators (CADTR)</a> .                                                                                                                                                                                                                                                                                                                                                                        |
| <b>I have requested these documents to be sent directly to NSRDHDTD (address above) (via mail or email):</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> My official transcript with proof of graduation from a dental technology program. Please indicate if it was accredited at the time of graduation. If your program has not been previously reviewed, a full review will be required.                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Verification Forms: I have completed Part A of the <i>NSRDHDTD Verification Form for Other Regulatory Bodies</i> and sent the form to each jurisdiction where I am currently (or was previously) certified, licensed, or registered as a dental technologist, or another regulated profession. I have requested each jurisdiction to send the completed form directly to NSRDHDTD.                                                                                                                                                                                                                                                              |
| <b>I require additional documentation:</b>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | My employment visa or permanent resident card under Canadian Immigration Act (for non-Canadian citizens)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Copy of any English language proficiency tests completed (Only required if mother tongue is not English and/or the dental technology program was delivered in a language other than English).                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Copy of passback email received in info@ email box saved as pdf to applicant file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Applicant has answered NO to all Character questions 1-16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | Has the applicant checked that they are currently working in the profession?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>I have paid the required fees by <u>certified cheque, money order, e-transfer or credit card</u>: (<span style="background-color: yellow;">Note: Invoices will be generated for you. Further payment details are provided in the invoice.</span>) <span style="background-color: yellow;">Three fees total</span></b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | \$135.00 Application fee (separate) & non-refundable – must be sent before the application will be reviewed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | \$160.00 Registration fee (One-time fee) – Registration and Licensing fees will be invoiced later in the process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    | \$600.00 NSRDHDTD Practising Licence fee (Nov 1, 2026, to Oct 31, 2027)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |