

INITIAL PERMIT APPLICATION – Dental Laboratory Technician

Personal Information:

Salutation Legal First Name
Preferred First Name (if different from Legal First Name)
Legal Middle Name (if applicable) Legal Last Name
Former Last Name(s) (if applicable)
Gender Other Gender (if applicable)
Pronouns Other Pronoun (if applicable)
Date of Birth

The following questions are adapted from the Statistics Canada survey. This data is collected for a wide variety of reasons such as federal and provincial government reporting requirements, regulator initiatives, workforce planning, etc.

Do you identify as First Nations, Métis or Inuk (Inuit)? (please check one)

Yes, First Nations (Mi'kmaq) Yes, First Nations Yes, Inuk/Inuit Yes, Métis
No Do not know Prefer not to answer

Are you? (please check all that apply)

Black (African, African Canadian, Afro-Caribbean descent)
Indigenous (First Nations, Inuk/Inuit, Metis descent)
East Asian (Chinese, Japanese, Korean, Taiwanese descent)
Latin American (Hispanic, Latin, American descent)
Middle Eastern (Arab, Persian)
West Asian (Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)
South Asian (Bangladeshi, Indian, Indo-Caribbean, Pakistani)
Southwest Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese)
White/Caucasian (European descent)
Prefer not to say
Other race or ethnicity (please specify)

Place of Birth Information:

City of Birth Province or State of Birth
Country of Birth

Contact Information:

Cell Phone Number

Home Phone Number (if applicable)

Primary Email Address

Secondary Email Address (if applicable)

Address

City

Province or State

Country

Postal Code

Instructions**Welcome to the Dental Technology profession in Nova Scotia.**

The DLT permit year runs from November 1 to October 31 of the following year. DLTs must subsequently renew their practising permit and pay the required fees annually before November 1. DLTs who intend to begin during the permitting year are required to obtain a DLT permit prior to practising dental technology and must pay the full DLT permit fee regardless of when they obtain a practising permit during the year.

Before you begin, it's important to know:

- We are available to help if you have any questions. Reach out to us at info@oralhealthns.ca and we will respond within one to three business days.
- All application documents must be provided in English or French. Translations from a professional (certified) translator are also accepted. You are responsible for the cost of all translations.
 - If you had your documents translated for another organization e.g., World Education Services (WES), we will accept a copy of those previously translated documents (if done by a certified translator, as noted above,) if they are sent directly from that organization.
- **An invoice for the \$110 permit fee for a permit valid on Nov 1, 2025 will be generated once we receive your application.**

Post Secondary Education (if applicable):

Post Secondary Program

Post Secondary University or College

If you have more than one entry for Post Secondary Program, please add it at the end.

Professional Liability Insurance (PLI) Information:

Insurance Provider

Policy Number

Effective Date

Expiry Date

If PLI is not held in your own name, please list the supervising Registrant whose policy you are covered under:

Please include a copy of your insurance document with this application.

CPR Certification Information: Please refer to the [CPR requirements](#).

CPR Level

Date Completed

Please include a copy of your CPR certification document with this application.

Employment Information

If you are currently practising dental technology in NS, you are reminded that you must obtain a DLT permit to continue practising.

Business Name

Business Phone Number

Business Email Address

Start Date at Business

Name of supervising Registrant (e.g., RDT)

Primary Responsibilities at Primary Employer

If other (specify)

Please select the days you plan to work for your primary employer

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Practice Settings for Secondary Employer:

Secondary Employer

Business Phone Number

Business Email Address

Start Date at Business

Name of supervising Registrant (e.g., RDT)

Primary Responsibilities at Secondary Employer

If other (specify)

Please select the days you plan to work for your secondary employer

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Employment History and Practice Hours

I am currently working as a DLT, includes all practice settings

Employment Status	Full Time Permanent (30+ hrs)	Full Time Temp or Contract
	Fill in	Part Time Permanent
	Part Time Temp or Contract	NA

Please list your employment in the past three years if different from current employer

Employer	Start Date	End Date
Address	City	
Province or State	Country	Postal Code
Business Phone Number	Business Email Address	
Name of Supervising Registrant (e.g., RDT)		

If more employers in the past three years, please add at the end of the application.

Language Information

Can you serve clients in other languages besides English? Yes No

First Language

Other languages you can practice dental technology

If English is not your first language, did you:

(a) complete high school or any post-secondary schooling in English? Yes No

(b) complete one of the [accepted English Language proficiency tests](#) within the last 24 months?

Yes No

If English is not your first language, AND you if you answered 'no' to (a) and (b), please have your supervising Registrant complete an Attestation of English Language Proficiency form and submit it directly to the NSRDHDTD at info@oralhealthns.ca.

Confirmation of Character

Answer questions two through sixteen based on your conduct both within and outside Canada. Please answer "yes" even if the matter has been resolved/addressed.

If you answer yes to questions two through sixteen, please provide an explanation in the space provided below. Based on your response, the Regulator may ask you for additional details or supporting documentation. Answering yes to any of the below questions does not in itself disqualify you from obtaining a permit.

1. Have you ever been or are you currently registered or licensed to practice with any regulated profession in or outside of Canada? Yes No

If you answered yes, in the box below, please identify the profession, and the jurisdiction in which you held or hold that registration/licensure.

Name of Jurisdiction	Jurisdiction Effective Date (If you do not know the exact date, please list the approx. date you started to practise)	Jurisdiction Expiry Date	Type of Licence Held	Current Status
Under Current Status, if you select Other , please specify:				

2. Have you ever been terminated from employment for reasons related to your conduct, character, incapacity, or incompetence, or for any other reason?

"Incapacity" means the status whereby an individual has or had a medical, physical, mental or emotional condition, disorder or addiction that renders or rendered them unable to practise with competence or that endangers or may have endangered the health or safety of clients.

"Incompetence" means a lack of competence demonstrated in individual's care of a client or delivery of regulated health services that, having regard to all the circumstances, rendered the individual unsafe to practise at the time of such care of the client or delivery of regulated health services or that renders the individual unsafe to continue in practice without remedial assistance.

Yes No

3. Have you ever been subject to any complaints, investigative and/or disciplinary processes by a registration/licensing authority in any jurisdiction?

This includes any process where you were the subject of a complaint respecting the practice of dental technology, or any process resulting in the suspension of your license or registration, the imposition of conditions or restrictions, consensual reprimands, informal agreements to restrict or refrain from practice, and undertakings or settlement agreements entered into before or during the course of an investigation or disciplinary proceeding.

Yes No

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4. Are you currently the subject of any complaint, investigation, or other proceeding by any occupational or registration/licensing authority in any jurisdiction?
- Yes No
5. Have you ever been denied a permit, licence, or registration by any occupational or registration/licensing authority in any jurisdiction?
- Yes No
6. Have you ever been dismissed, expelled, or removed from any educational institution or program in which you have been enrolled?
- Yes No
7. Have you ever been the subject of an investigation or subject to any discipline from any educational institution or program in which you have been enrolled?
- Yes No
8. Have you ever been involved in a civil proceeding, legal action, insurance or other claim that was in any way related to your practice of dental technology or your professional activities?
- Yes No
9. Is there now, or are you aware of any pending civil proceedings, legal actions, insurance or other claims that are in any way related to your practice of dental technology or your professional activities?
- Yes No
10. Have you ever been charged with, pled guilty to, or found guilty of an offence, either inside or outside of Canada, for which you have not received a pardon?
- Yes No
11. Have you ever pleaded no contest or made any similar plea to any criminal charge?
- Yes No
12. Have you ever been charged with or pled guilty to a criminal offence that resulted in you entering into a diversion program, mental health court, or any other resolution process including a conditional or curative discharge, as an alternative to conviction or prosecution?
- Yes No
13. Have you ever been harmfully involved with drugs or alcohol or received treatment relating to your use of drugs or alcohol?
- Yes No
14. Have you ever been hospitalized, advised to be in hospital, or otherwise voluntarily or involuntarily admitted into an institution for any psychiatric condition or disorder?
- Yes No

15. Based upon your personal history, current circumstances, and any professional opinion or advice you have received, are you currently experiencing any condition or ailment that is reasonably likely to substantially impair your ability to safely perform the duties required in your professional practice?

Yes No

16. In addition to the above, is there, to your knowledge or belief, any event, circumstance or condition concerning your competence, character, capacity, conduct or reputation that may impact your ability to practise safely?

Yes No

If you answered "Yes" to questions two to sixteen, please provide a brief narrative below.

17. Do you intend to practice dental technology as a permitted DLT in the Province of Nova Scotia?

Yes No

18. Have you read and become familiar with the Regulated Health Professions Act, Regulations, and Bylaws?

Yes No

19. I verify that I have read, and will comply with, the NSRDHDTD Practice Standard regarding Sexual Misconduct and Sexual Abuse of May 1, 2025.

Yes

20. I verify that I have read, and will comply with, the NSRDHDTD Standard of Practice: Supervising Dental Laboratory Technicians.

Yes

Dental Laboratory Technician Attestation:

- 1. I attest that the information provided in this form is true and complete.
- 2. I confirm that I will immediately report to the Nova Scotia Regulator of Dental Hygiene, Dental Technology, and Denturism (the "Regulator") should anything occur while permitted that would alter my responses to any of the questions contained in this application.
- 3. I understand the Regulator will immediately stop the assessment of my application while it gathers more information if I have provided any inaccurate information; I have omitted required information; or the Regulator determines that any documents submitted during the application process have been altered, tampered with or forged.
- 4. I understand that if I have provided inaccurate information, omitted required information, or submitted altered, tampered or forged documents, my application may be delayed or denied.
- 5. I accept that any information provided by me to the Regulator may be used by the Regulator for any regulatory purpose or shared by the Regulator with system partners, including but not limited to, relevant Nova Scotia government departments and health authorities, other regulatory authorities, educational institutions, and employers.
- 6. I understand that the Regulator may seek to verify any of the information related to this application, and in so doing may seek information from other regulatory authorities or other institutions or persons. I hereby consent to the Regulator doing so. I also authorize all such institutions, agencies, other sources to release such information to the Regulator.
- 7. I acknowledge section 146 (1) of the Regulated Health Professions Act (2023) of Nova Scotia, which states: *"Every person who knowingly furnishes false information in an application under this Act or in a statement required to be furnished under this Act, the regulations or the bylaws, is guilty of an offence."*
- 8. I understand that this declaration has the same significance as giving one under oath.

Signature

Date

Fee Section:

The fee for a DLT permit is **\$110** and covers the period from Nov 1, 2025, to October 31, 2026.

I will be paying my fee by:

For further details on payment information, please review the document entitled *Requirements to Obtain a Dental Laboratory Technician Permit*.

THIS BOX FOR REGULATOR TO COMPLETE	Permit #:
Initial Date of Entry into Register:	Permit Status:
Conditions, Restrictions, Sanctions:	