

INITIAL LICENCE APPLICATION – Denturists

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

Registration Type

Click on the profile below that best fits your situation:

Select Registration Type	New Registration with Canadian education
	Currently registered in another Canadian jurisdiction
	Internationally educated, and not registered in another Canadian jurisdiction

Are you a new graduate? (i.e. a DD Graduate who has never registered in another Canadian Jurisdiction)

Yes No

Instructions

Welcome to the Denturism profession in Nova Scotia.

This year, when you apply for your practising licence, you will be doing so for the period of **May 1, 2025, to October 31, 2025**. For subsequent licence renewals, you will be renewing annually before November 1 for a full 12-month period (November 1 to October 31 of each subsequent year). NSRDHDTD registrants must renew their practising licence and pay the required fees each year. **The full licensing fee is due regardless of when you are issued a practising licence 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 application fee, if you are not a CFTA (Labour Mobility applicant), will be generated once we receive your application. **Registration and Licensing fees are invoiced at a later date.** For information on fee amounts, please refer to your **relevant Registration Checklist**.

Previous Denturism Practice

Are you licensed or were previously licensed in another jurisdiction? Yes No

If you are, or were, previously licensed in another Jurisdiction, we must receive a completed Verification of Registration from each jurisdiction. Using the form [provided](#), complete Section A and then forward it to those regulatory bodies where you are currently registered (licensed) or were previously registered. The regulatory body will complete the form and sent it directly to the NSRDHDTD. In the confirmation of Character questions, you must list all the current, or previous, jurisdictions.

Denturism Education

An official transcript for your Denturism education which indicates proof of graduation must be sent directly to the NSRDHDTD by the institute.

If you graduated from a non-approved program, you should also submit evidence you have completed a Clinical Competency Assessment.

Denturism Program

University or College

Date of Graduation Program Location

Last Name on Credential

Specific Denturism Practice Education Information

Are you applying to perform Dentures over Implants? Yes No

To become authorized for Dentures Over Implants you must provide evidence that you've successfully completed an education program/course that meets the [requirements](#). If it's been 3 or more years since you completed this education, please provide evidence of currency. The approval of this additional practice competency will not delay your initial application approval. However, you will not be able to perform the procedures until you have been authorized by the NSRDHDTD. You may also apply for approval of Dentures Over Implants any time after you have been issued a practising licence by the Regulator.

Additional Post Secondary Education (if applicable):

Post Secondary Program

Post Secondary University or College

Graduation Year

Surname on Credential

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

Entry-to-Practice Examinations

There are four NSRDHDTD Board approved entry-to-practice examinations for denturism. They are listed [here](#). Please make your selection below based on those examination options:

I have successfully completed one of the Examinations

I have taken one of the Examinations, and the exam results are not yet available

I have taken one of the Examinations and have not successfully completed it

I have never completed one of the Examinations.

Professional Liability Insurance Information:

Insurance Provider

Policy Number

Effective Date

Expiry Date

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.

Future Employment Information

You must not begin practice until you have been registered and your licence to practice Denturism has been issued.

Future Employer

Business Phone Number

Business Email Address

Start Date at Business

Are you the owner/operator of this business? Yes No

Primary Responsibilities at Future Primary Employer

Administration	Clinical	Community Health	Consulting	DND	Hospital
Laboratory Practice	Research	Teaching	Other (specify)		

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Practice Settings for Future Secondary Employer:

Future Secondary Employer

Business Phone Number

Business Email Address

Start Date at Business

Are you the owner/operator of this business? Yes No

Primary Responsibilities at Future Secondary Employer

Administration

Clinical

Community Health

Consulting

DND

Hospital

Laboratory Practice

Research

Teaching

Other (specify)

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Clinic Information

If clinical employment, is your primary or secondary employer a new clinic location? Yes No

If you are the business owner, have you arranged for an inspection of your clinic location with the NSRDHDTD Yes No

If no, please contact the NSRDHDTD to schedule a time.

Employment History and Practice Hours

I am currently working as a denturist, includes clinical or non-clinical

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

Employer

Start Date End Date

Address

City

Province or State

Country

Postal Code

Business Phone Number

Business Email Address

Total number of hours worked in the past three years

If more than one employer in the past three years, please add at the end of the application. _____

Practice Hours (Preceding 3 Years)

Please total your practice hours for the preceding three years below.

Year	Hours
Year	Hours
Year	Hours

Please include verification of these practice hours with your application e.g., letter from employer, CRA Record of Employment.

Language Information

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

First Language

Language of denturism education program

Other languages you can practice denturism

Jurisprudence Exam

I have completed the NS Jurisprudence exam offered through the NSRDHDTD. Yes No

Date NS Jurisprudence Course completed

Continuing Education

This section is an additional requirement because your graduation was over 35 months from the date of this application. You must have completed 36 hours of continuing education activities in the most recent three years. Please document it using [Attachment A – Denturist Quality Assurance](#).

Confirmation of Character

Answer questions three through seventeen 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 three through seventeen, 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 practising licence.

1. Have you ever applied for registration in Nova Scotia before? Yes No
2. 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:				

3. 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

4. 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 denturism, 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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5. Are you currently the subject of any complaint, investigation, or other proceeding by any occupational or registration/licensing authority in any jurisdiction?
- Yes No
6. Have you ever been denied a permit, licence, or registration by any occupational or registration/licensing authority in any jurisdiction?
- Yes No
7. Have you ever been dismissed, expelled, or removed from any educational institutions or programs in which you have been enrolled?
- Yes No
8. 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
9. 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 denturism or your professional activities?
- Yes No
10. 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 denturism or your professional activities?
- Yes No
11. 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
12. Have you ever pleaded no contest or made any similar plea to any criminal charge?
- Yes No
13. 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
14. Have you ever been harmfully involved with drugs or alcohol or received treatment relating to your use of drugs or alcohol?
- Yes No
15. 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

16. 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

17. 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 three to sixteen, please provide a brief narrative below.

18. Do you intend to practice as a licensed denturist in the Province of Nova Scotia?

Yes No

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

Yes No

20. 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

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

Yes

Denturist 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 licensed 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. This includes the sharing of information related to compliance with continuing competence cycles and hours, as well as practice hours, and other licensing information, as collected and maintained by or on behalf of 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 following fees may be invoiced to you, depending on your situation [e.g., you are applying from another Canadian Jurisdiction in which you have a full, unrestricted practising licence and are in good standing (CFTA/Labour Mobility); you are on the NSRDHDTD register, and are reinstating your licence].

Application fee	\$130 (If CFTA/Labour Mobility, this fee is waived)
Registration fee	\$155 (If CFTA/Labour Mobility, this fee is waived)
Reinstatement fee	50% of the annual licensing fee, if applicable Please note: The NSRDHDTD staff will advise you if this applies to you
Licensing Fee	\$666.67 (to Oct 31, 2025) Please note: This fee is being pro-rated since the current licensing year has been changed to align with the other two oral health professions. In subsequent years, the fee will be for a full licensing year (Nov 1- Oct 31) and will not be pro-rated, regardless of when you are issued a practising licence.

I will be paying my fee by:

Further details on payment information will be included with the generated invoice.

THIS BOX FOR REGULATOR TO COMPLETE	Licence #:
Initial Date of Entry into Register:	Licence Status:
Conditions, Restrictions, Sanctions:	
Dentures over Implants Effective Date:	