Dental Laboratory Technician Attestation of English Language Proficiency

Instructions for DLT Applicant

This Attestation of English Language Proficiency form is not required if you have indicated on your Dental Laboratory Technician (DLT) permit application that:

- Your first language is English,
- · You graduated from an English high school program,
- You graduated from any post-secondary education (even if it was not related to dental technology) that was delivered in English, OR
- You completed one of the NSRDHDTD approved English language proficiency tests in the last 2 years (see English Language Requirements for DLTs policy).

As a DLT applicant who has not answered "yes" to any of the above questions, but you believe you are competent in English, you may ask your current or former healthcare employer or direct supervisor (of the last 24 months) to confirm this by completing Section B of this form. They should indicate that you are proficient in the English language and that you worked in English within their organization. This form provides examples of how they will verify your proficiency in English.

Once they have completed Section B, have your current or former employer or direct supervisor send a copy of the completed Attestation directly to the NSRDHDTD.

We are available to help if you have any questions. Reach out to us at <u>info@oralhealthns.ca</u> and we will respond within one to three business days.

Section A: Applicant to complete this section

Instructions to applicant: Complete Section A and forward this form to any employers who you worked for over the past 24 months in healthcare fields. They must complete Section B and send directly to the NSRDHDTD by email to info@oralhealthns.ca.

Applicant's Personal Information:

Legal First Name	Legal Last Name
Former first or last names (if applicable)	
Date of Birth	
Email Address	Phone Number
Applicant Signature	
Date	
	to provide the information requested in Section B of this sted by the NSRDHDTD in order to confirm my English
language proficiency.	

Section B: Attestation of English Language Proficiency

Instructions for Employer/Supervisor

The individual named in Section A has applied for a Dental Laboratory Technician permit, one requirement of which is English language proficiency. The above applicant has indicated they are proficient in the English language and indicated they worked in English with your organization.

Please complete Section B and send the complete document (including Section A) directly to the NSRDHDTD via email to info@oralhealthns.ca.

You must complete the Attestation truthfully. Knowingly providing false information may be considered professional misconduct and may be subject to disciplinary action by your respective regulatory body, where applicable. False information may impact the applicant's application for a dental laboratory technician permit.

Employer Information:

Legal First Name Legal Last Name

Business Name

Address City

Province Postal Code

Relationship to Applicant: current employer of the applicant

previous employer of the applicant

direct supervisor of the applicant

How long have you known, employed, or supervised this applicant?

English Language Competencies of the Applicant

As you are considering each question, keep in mind how they might apply to a variety of contexts, for example:

- Those that are routine and familiar to those that may be emergencies.
- Those that are formal in nature to those that are informal and conversational.
- Those that may require multiple communication styles or methodologies, depending on the situation.
- Those that require specialized healthcare or dental technology terminology versus those that require only general knowledge of English.

READING – Some indicators of language proficiency in reading English include the ability to:

- Read and understand relevant legislation, Standards of Practice, policies, etc.
- Read and understand information that they have researched.
- Follow written instructions on dental laboratory client prescriptions (if applicable), workplace equipment, notes from colleagues, etc.
- Determine relevant pieces of information from scanning a lengthy document.

Initial here to confirm that you attest to the applicant's ability to READ English.

Initial here to confirm that you CANNOT attest to the applicant's ability to READ English.

WRITING – Some indicators of language proficiency in writing English include the ability to:

- Accurately document information in a client record in a way that can be readily understood by others.
- Communicate in writing to dentists, colleagues, or other healthcare providers in multiple formats

 case notes, emails, etc.
- Take notes during a presentation or conversation that can be summarized for others.

Initial here to confirm that you attest to the applicant's ability to WRITE English.

Initial here to confirm that you CANNOT attest to the applicant's ability to WRITE English.

LISTENING - Some indicators of language proficiency in listening to spoken English include the ability to:

- Listen to multi-step or complex technical instructions and carry them out.
- Listen to verbal orders and document them accordingly.
- Listen to and understand a client's, dentist's, or other healthcare provider's requests and preferences.
- Understand when somebody might be verbalizing distress and react accordingly.

Initial here to confirm that you attest to the applicant's ability to LISTEN in English.

Initial here to confirm that you CANNOT attest to the applicant's ability to LISTEN in English.

SPEAKING - Some indicators of language proficiency in speaking English include the ability to:

- Clearly explain to another person how to perform a task.
- Describe the specifics of a client case to the client, a colleague, or another healthcare provider.
- Explain problems and suggest solutions (for instance, this can be for interpersonal issues or technical problems).
- Ask for and obtain verbal consent before beginning a client procedure (e.g., before touching them or taking their photo to obtain or confirm a tooth shade).

Initial here to confirm that you attest to the applicant's ability to SPEAK English.

Initial here to confirm that you CANNOT attest to the applicant's ability to SPEAK English.

Please use this box to outline any other a English Language Proficiency form.	dditional information y	ou feel is relevant to thi	s Attestation o
Signature of Employer/Supervisor			
Date			