

**DENTURIST SOCIETY OF SASKATCHEWAN**

**APPLICATION FOR REGISTRATION**

**Only to be used by applicants for:**  
Non- Practising (Retired) Member

**Form 4**  
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**PLEASE PRINT**

To the Registrar of the Denturist Society of Saskatchewan

Mr.  
I, Mrs. \_\_\_\_\_  
Miss (Surname) (Given Names)

\_\_\_\_\_ of \_\_\_\_\_  
(Date of Birth) (Street Address)

\_\_\_\_\_, \_\_\_\_\_  
(City or Town) (Province) (Telephone Number)

Business Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Telephone Number) (Fax Number)

hereby apply for registration in the Denturist Society of Saskatchewan as a Non- Practising (Retired) Member pursuant to the provisions of the Dental Disciplines Act, and The bylaws made thereunder. In support of my application I hereby declare:

1. That I am a Canadian citizen or a permanent resident of Canada;
2. That I have not been arrested or charged on any offence under The Food and Drug Act, The Securities Act of any province of Canada, or any legislation similar to any of the foregoing in any jurisdiction, nor have I been a defendant in a civil action relating to fraud;
3. That I have never been denied or revoked any license or permit, the procurement of which required proof of good character;
4. That I have never been suspended or expelled from any post-secondary academic institution;
5. That I have read and agree to abide by the Dental Disciplines Act of Saskatchewan, and the bylaws made thereunder;

6. That I have attached to and forming part of this application are:
- (a) A summary of my academic training in Denturism.  
(Indicate places and dates of training, examinations passed and certificates obtained. List most recent first and attach transcripts of marks obtained.)
  - (b) Two affidavits of good character from persons who have known me for not less than two years and to whom I am not related. (Include addresses and telephone numbers.)
  - (c) Evidence that I have been a Practising Member in the Province of Saskatchewan during the preceding (2) two calendar years.
  - (d) Evidence that I have paid to the registrar the required fees of \$200.00 plus GST for this application or a certified cheque is appended.

**I have stricken off any of the above statements that are not true and appended a full explanation, which I affirm to be complete and true in every respect.**

I, \_\_\_\_\_ the Applicant in the above application for Registration DO SOLEMNLY DECLARE that the statements contained in my application are complete and true in every respect.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_ in the

Province of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Commissioner for oaths or Notary Public)

**NOTE:** 1. The applicant is advised that the Denturist Society of Saskatchewan reserves the right to make additional enquiries as may be considered necessary and to contact any references named herein for further details.

2. A charge may be made for any cost incurred to assist in completing this form.