

Form 5 Denturist Society of Saskatchewan: Application to sit examinations (DSS Intern)

Please print

Part I to be completed by the applicant

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}

{e-mail}

Do hereby apply to sit the **Denturist Society of Saskatchewan** examinations.

{Signature of applicant} {Date}

Note; a **certified cheque or money order** must accompany this form completing full payment for the current exam fees(below).

Form 5: Application to sit Exam	N/C
Written Exam – Partial Dentures	\$250.00 + GST
Written Exam – Complete Dentures	\$250.00 + GST
Practical Exam	\$2,500.00 + GST
Total =	<u>\$3,000.00 + GST = \$3,150.00</u>

Part II to be completed by the applicant

I, _____ was enrolled in a full-time Denturist study program at
{Name}

_____, from _____ to _____. I submit proof
{Name of Institution}
of my successful completion of the above named program.

{Signature of applicant} {Date}

Part III to be completed by the clinical supervisor

To the registrar of the **Denturist Society of Saskatchewan**

I, _____ of _____
{Name} {Clinic Name}

{Business address}

Do hereby declare that:

★ The above mentioned Intern has been continuously employed by me

From _____ to _____;

During such period he/she has received _____ hours of instruction and supervision in the knowledge, art and skill of designing, making and fitting prosthetic dentures, and has completed requirements set forth by the Denturist board, listed hereafter: **Evidence I have completed the applicable practical study program and the requirements contained therein.**

and in my opinion is competent to practice as a Denturist.

{signature of clinical supervisor} {date}