

# Form 5 Denturist Society of Saskatchewan: Application to sit examinations

## 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(attached).

Form 8: Assessment Application	\$500.00 + GST
Form 5: Application to sit Exam	\$750.00 + GST
Written Exam – Partial Dentures	\$250.00 + GST
Written Exam – Complete Dentures	\$250.00 + GST
Practical Exam	\$2,500.00 + GST
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Total =	\$4,250.00 + GST = \$4,462.50

**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. Evidence I have completed the applicable practical study program

\_\_\_\_\_  
{Signature of applicant}

\_\_\_\_\_  
{Date}