

**DENTURIST SOCIETY OF SASKATCHEWAN**  
**MEMBERS ANNUAL PRACTICE DECLARATION**

**Form 7**

**PLEASE PRINT**

Please select one license option below:

Resident Practicing     Non-Resident Practicing     Non-Practicing/Retired     Intern Member

To the Registrar of the Denturist Society of Saskatchewan (Society), I, \_\_\_\_\_, of \_\_\_\_\_, in the Province of \_\_\_\_\_, Denturist do hereby declare that during the 12 months preceeding this declaration or since I last filed a declaration with the Society:

- (1) I have been engaged in the private practice of denturism in Saskatchewan and am so engaged in the following clinic whose names, addresses, phone and fax numbers, days and hours open are (*if you have been a non-practicing member, please initial \_\_\_ that #1, #2 and #6 do not apply*):

Clinic Name: _____ Clinic Hours: _____
Clinic Address: _____ City: _____ Postal Code: _____
Phone #: _____ Fax #: _____ Clinic Email: _____
Does this Clinic offer mobile services: <input type="radio"/> Yes <input type="radio"/> No
Email to be used for all correspondence: _____

**If you are operating in more than one clinic, please fill in the information below for each additional clinics:**

Clinic Name: _____ Clinic Hours: _____
Clinic Address: _____ City: _____ Postal Code: _____
Phone #: _____ Fax #: _____ Clinic Email: _____
Does this Clinic offer mobile services: <input type="radio"/> Yes <input type="radio"/> No

Clinic Name: _____ Clinic Hours: _____
Clinic Address: _____ City: _____ Postal Code: _____
Phone #: _____ Fax #: _____ Clinic Email: _____
Does this Clinic offer mobile services: <input type="radio"/> Yes <input type="radio"/> No

**In the event that you are not solely financially responsible for a clinic in which you operate, please fill in the information below for any parties who also bear such financial responsibility. In event that it is a corporation which bears responsibility, please provide verification that corporation is currently registered with the Government of Saskatchewan:**

Name: _____	And/Or Corporation #: _____	
Address: _____	City: _____	Postal Code: _____
Phone #: _____	Fax #: _____	Email: _____

Please declare who is the current Denturist of Record (bears responsibility) and in the event of incident where that Denturist of Record is no longer able to fulfill responsibilities (i.e. no longer employed, death, incapacitation etc.) then who would become the Denturist of Record:

Current Denturist of Record: _____
Alternate Denturist of Record: _____

- (2) The clinic in which I operate, has maintained proper patient records, financial books and records showing all actions performed by me;  Yes  No
- (3) I have, to the best of my knowledge, complied with provisions of the Dental Disciplines Act, and the Bylaws made under;  Yes  No
- (4) I have not been the subject of any disciplinary action by the Denturist Society of Saskatchewan or any other Regulatory Body of a Health Profession in the matter concerning my professional actions;  Yes  No
- (5) I make this declaration for the purpose of inducing the Denturist Society of Saskatchewan to issue me an annual license for the coming year;  Yes  No
- (6) I have done renovations in the Past 12 months;  Yes  No
- (7) I have a physical/mental impairment that would affect my ability to practice;  Yes  No
- (8) I would like to order a copy of The DAC Member & Source Guide and I accept that the cost of \$15.00 plus GST will be added to my annual invoice.  Yes  No

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

I am aware that filing false information can result in Professional Misconduct Charges under the Denturist Society of Saskatchewan's Bylaws.

The statements contained in this declaration are complete and true in every respect.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_