DENTURIST SOCIETY OF SASKATCHEWAN

APPLICATION FOR ASSESSMENT

Form 8 Page 1/2

PLEASE PRINT

To the Registrar of the Denturist Society of Saskatchewan

I,	Mr. Mrs.				
,	Miss	(Surname)		(Given Names)	
		of			
(Date of Birth)			(Street Address)		
		,			
(Ci	ity or Town)		(Province)	(Telephone Number)	
Busin	ness Address:				
		(Telephone Nu	mber)	(Fax Number)	

hereby apply for assessment by the Denturist Society of Saskatchewan to determine eligibility to apply for Membership/Examination 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 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;
- 2. That I have never been denied or revoked any license or permit, the procurement of which required proof of good character;
- 3. That I have never been suspended or expelled from any post-secondary academic institution;
- 4. That I have read and agree to abide by the Dental Disciplines Act of Saskatchewan, and the bylaws made thereunder;

(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)	A summary of my practical experience in Denturism (Indicate places and dates of experience/employment. List most recent first.
(c)	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.)
(d)	Evidence that I have been a Practicing Member in the Province of and am a member in good standing.
(e)	Evidence that I have paid to the registrar the required fees of \$500.00 plus GST for this application or a certified cheque is appended.
	ff any of the above statements that are not true and appended a full ch I affirm to be complete and true in every respect.
contained in my a AND I ma and knowing that	the Applicant in the above seessment DO SOLEMNLY DECLARE that the statements application are complete and true in every respect. The solemn declaration conscientiously believing it to be true it is of the same effect as if made under oath. The same effect as if made under oath. The same effect as if made under oath.
	this
20	y of
	(Signature of Applicant)
(Commissioner fo	or oaths or Notary Public)
to contact any refe	1. The applicant is advised that the Denturist Society of Saskatchewan to make additional enquiries as may be considered necessary and erences named herein for further details. 2. A charge may be made to the applicant for any cost incurred by the completing this form.