

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, to the best of my knowledge, read, understand and complied with the guidelines set by the Denturist Society of Saskatchewan as listed below:
 - Informed Consent Yes No
 - Transitional & Immediate Dentures Yes No
 - Patient Record Keeping Guidelines Yes No
 - Advertising Guidelines Yes No
- (5) 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
- (6) 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
- (7) I have done renovations in the Past 12 months; Yes No
- (8) I have a physical/mental impairment that would affect my ability to practice; Yes No

N/A (not owner of clinic)

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: _____