

**Licence Reinstatement Form - Saskatchewan Dental Assistants' Association**

PO Box 294 Kenaston SK S0G 2N0 Phone: 306-252-2769 Fax 306-252-2089

www.sdaa.sk.ca

**Cheques/bank drafts payable to "Saskatchewan Dental Assistants' Association"**

Indicate Payment Method:

- Cheque: [Mail form and cheque]  
 Online Payment [Fax, Mail or submit form online]

SK Registration Number: \_\_\_\_\_ (Please ensure your address is correct)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employment Community: \_\_\_\_\_

E-mail Address: (mandatory) \_\_\_\_\_

**FOR OFFICE USE ONLY**Cheque Date:  OK Postdated  RTNStatus:  Current  Lapse

\_\_\_\_\_ Status to \_\_\_\_\_ Status

Year Last Pct: \_\_\_\_\_

PD Total: \_\_\_\_\_

PD Shortfall: \_\_\_\_\_

PAYOR ID # \_\_\_\_\_

Renewal:	Health District	
<input type="checkbox"/> Full Practice \$265.00	<input type="checkbox"/> Athabasca	<input type="checkbox"/> Sun Country
<input type="checkbox"/> Restricted Practice \$265.00	<input type="checkbox"/> Cypress	<input type="checkbox"/> Sunrise
<input type="checkbox"/> Half Year Practice \$180.00	<input type="checkbox"/> Five Hills	<input type="checkbox"/> Out of Province
	<input type="checkbox"/> Heartland	
Employment Status:	<input type="checkbox"/> Keewatin Yatthé	
<input type="checkbox"/> Full time as RDA	<input type="checkbox"/> Kelsey Trail	
<input type="checkbox"/> Part time as RDA	<input type="checkbox"/> Mamawetan Churchill River	
<input type="checkbox"/> Casual as RDA	<input type="checkbox"/> Prairie North	
<input type="checkbox"/> Not employed in Dentistry	<input type="checkbox"/> Prince Albert Parkland	
<input type="checkbox"/> Employed as SDT/RDH	<input type="checkbox"/> Regina Qu'Appelle	
<input type="checkbox"/> Student	<input type="checkbox"/> Saskatoon	

**Declaration:** I acknowledge that the SDAA collects the personal information as contained on this form as a condition of registration/licensure. As mandated in the Dental Disciplines Act, I hereby consent to release my name, complete address and date of first registration to Saskatchewan Justice annually. I hereby provide consent to list my name and status on the SDAA website. I hereby consent to the release of personal information as necessary through various transfer agreements with external agencies providing member services to the SDAA limited to First Name, Last Name, Provincial ID, Gender, Date of Birth, Complete mailing address and email. As professional development is a condition of licensure, I hereby provide authorization for SDAA to email course information.

Are you currently the subject of any investigations, review, disciplinary hearings or proceedings (subject to the dental profession) in any province, territory or other jurisdiction?

- No  Yes If yes, please explain: (use back of form if necessary)

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)**Reinstatement Requirements:**

- Lapsed members must hold their NDAEB Certificate.
- Reinstatement fees are calculated into the fees as listed.
- Contact the SDAA office for information on Non-Practice status

**Online payments can be made through all Canadian Financial Institutions**