

Personal Information (Check the appropriate box. If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.)	Yes	No
1. Have you ever been refused a license, permit or registration to practice dental hygiene in any jurisdiction?		
2. Have you ever had a dental hygiene license, registration or right to practice in any jurisdiction revoked, suspended or restricted in any way?		
3. Have you ever been treated for any addictions such as alcohol abuse, drug abuse, gambling etc.?		
4. Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by any licensing authority?		
5. Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence?		
6. Have you previously applied for, or have been issued, a license or certificate of registration in the Northwest Territories. If yes, when? License # (if known)		

Declaration	
<p>I authorize the Registrar to investigate and obtain from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in this application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application or withdrawal of registration.</p>	
Signature: _____	Date: _____
<p>When complete, forward with all required attachments, to: Registrar, Health Professional Licensing Department of Health & Social Services Government of the Northwest Territories 8th Floor Centre Square Tower (5022-49 ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 920-8058</p>	<p>If you wish to pay your fees by Visa, complete the following: (See list of requirements for fees.)</p> <p>Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: <u> \$150.00 </u></p> <p>Authorized Signature: _____</p>

This personal information is being collected under the authority of the *Dental Auxiliaries Act* of the NWT and will be used to process Application for Registration. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act* of the NWT. If you have any questions about the collection, contact the Registrar's Office.