



## Application for Dental Mechanic Registration Northwest Territories

- Part I (Complete Denture Construction)**  
 **Part II (Complete AND Partial Denture Construction)**

<p style="text-align: center;"><b>Provide a recent passport-type photograph of yourself (taken within the last six months)</b> Application considered incomplete without photograph.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">Last Name</td> <td style="border-bottom: 1px solid black; width: 33%;">First Name</td> <td style="border-bottom: 1px solid black; width: 33%;">Middle Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Apt # )</td> <td colspan="2" style="border-bottom: 1px solid black;">(Street or postal box number)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(City, Town, Village)</td> <td style="border-bottom: 1px solid black;">(Province/State)</td> <td style="border-bottom: 1px solid black;">(Postal/Zip Code)</td> </tr> <tr> <td colspan="2">Telephone: _____</td> <td>Fax: _____</td> </tr> <tr> <td colspan="3">E-Mail: _____</td> </tr> </table>	Last Name	First Name	Middle Name	(Apt # )	(Street or postal box number)		(City, Town, Village)	(Province/State)	(Postal/Zip Code)	Telephone: _____		Fax: _____	E-Mail: _____		
Last Name	First Name	Middle Name														
(Apt # )	(Street or postal box number)															
(City, Town, Village)	(Province/State)	(Postal/Zip Code)														
Telephone: _____		Fax: _____														
E-Mail: _____																
<b>Date of Birth: (mm/dd/yy)</b> _____ <b>Canadian Citizen:</b> <input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship) <input type="checkbox"/> No (attach copy of work auth. or immigration document)	<b>Language Fluency:</b> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify: _____															
<b>Location and Dates of Planned Practice in N.W.T.</b> Location/Clinic(s) _____ Anticipated Start Date: _____ Note: Applicant must be fully licensed before working as or calling oneself a Dental Mechanic in the Northwest Territories.																
<b>Diploma/Degree/Course of Study (attach certified copy of diploma/degree)</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">_____/_____/_____ (Date of Graduation)</td> <td style="border-bottom: 1px solid black;">_____ Name of School - Province/State/Country</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____/_____/_____ (Date of Graduation)</td> <td style="border-bottom: 1px solid black;">_____ Name of School - Province/State/Country</td> </tr> </table>		_____/_____/_____ (Date of Graduation)	_____ Name of School - Province/State/Country	_____/_____/_____ (Date of Graduation)	_____ Name of School - Province/State/Country											
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<b>REGISTRATION IN OTHER JURISDICTIONS: (include previous and current):</b> <b>(Valid registration in a Canadian province is required to be eligible to be licensed in the N.W.T.)</b>																
<b>Province/Territory/Country</b>	<b>Registration/License Number</b>	<b>Registration/License Dates (From – To)</b>														
<b>References:</b> Provide the names and address of three (3) references. Supply these referees with a copy of the Reference Form. 1) _____ 2) _____ 3) _____ _____ _____																

<b>Personal Information</b> (Check the appropriate box. <b>If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.</b> )	Yes	No
1. Have you ever been refused a license, permit or registration to practice as a dental mechanic (denturist) in any jurisdiction?		
2. Have you ever had a dental mechanic 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, 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? <span style="float: right;">License # (if known)</span>		

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

This personal information is being collected under the authority of the *Dental Mechanics Act* of the NWT and will be used to process Application for Registration. The information 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 at the above address.