

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 dentistry in any jurisdiction?		
2. Have you ever had a license, registration or right to practice in any jurisdiction revoked, suspended or restricted in any way?		
3. Are you presently the subject to an allegation, complaint or investigation for any reason whatsoever by any licensing authority?		
4. 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?		
5. Have you ever been convicted of an indictable offence for which you have not been pardoned? If yes, specify, when, where and what charge. Attach particulars.		
6. To your knowledge, do you currently have any contagious or infectious disease?		
7. Have you previously applied for, or have been issued, a license or certificate of registration in the Northwest Territories. If yes, indicate year, if known? License # (if known)		

<p>Declaration</p> <p>I authorize the Dental Registration Committee 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> <p>Signature: _____ Date: _____</p>	
<p>When complete, forward with 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 paying your fees by Visa or MasterCard, complete the following: (See list of requirements for fees.)</p> <p>Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: _____</p> <p>Authorized Signature: _____</p>

This personal information is being collected under the authority of the *Dental Profession 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.