



APPLICATION FOR LICENSE RENEWAL 2024

Personal Information:

Last Name: _____ First Name: _____ License # _____

Home Address: _____ Community _____ Postal Code _____

Contact Information:

Mobile Phone # _____ Home Phone # _____

Personal Email: _____

Education:

Undergraduate Dental Education (e.g., DDS, DMD)

Designation _____ Institute _____ Year of Graduation _____

Post-Graduate Education (e.g., specialty training)

Program _____ Institute _____ Year of Graduation _____

Specialty Designations:

Employment:

It is important to have an accurate record of your current practice location(s)

Corporations:

Do you own or operate as an incorporated dental practice? Yes _____ No _____

If your practice is incorporated, please list the corporate name and date of incorporation.

Name: _____ Date: _____

Continuing Education

2024-2025 is Year 3 of the C. E. Cycle

Please refer to the DCPEI website for the current Dentist Requirements for Re-Licensure

<https://www.dcpei.ca/files/45.pdf>

Continuing Education Credits April 1, 2023 – March 31, 2024

As a requirement of Licensure, I understand that I must hold an active certification in cardiopulmonary resuscitation and first aid.

Yes _____ No _____

If you have engaged in the practice of dentistry or any health profession in any other jurisdiction, have you been the subject of any proceedings in that jurisdiction relating to professional misconduct, incompetence, or fitness to practice (incapacity) in the past 12 months?

Yes _____ No _____

Do you currently suffer from any physical or mental condition which may impair your ability to practice dentistry completely and/or negatively impact the safety of patients and/or staff?

Yes _____ No _____

Are you currently being treated for any physical or mental health condition, which if left untreated, may impair your ability to practice dentistry competently and /or could negatively impact the patients and/or staff? Yes _____ No _____

In the previous 12 months, have you had a summary conviction or been found guilty of a criminal offence either in Canada or in any other jurisdiction? This includes a finding of guilt under the Criminal Code of Canada, The Controlled Drugs and Substance Act (Canada) (formally the Narcotic Act (Canada)) and the Food and Drugs Act (Canada) or any other offence where the penalty could have involved you being incarcerated ? Yes _____ No _____

Important note: To ensure continuity of licensure and of malpractice insurance, all applications must be received by March 31st.

Please complete the entire document and forward no later than March 31st, 2024.

**Dental Council of PEI
Registrar, Dr. R.A. Holden
184 Belvedere Ave.,
Charlottetown PE C1A 2Z1**

License Fee: **\$800.00**

Corporate Fee: **\$35.00** (if applicable)

Any applications received after April 1st will be charged a \$100.00 late fee.

Declarations:

Renewal Declaration:

I declare the contents of this renewal are true and complete to the best of my knowledge.

Signature _____ Date _____

