

DENTAL COUNCIL
PRINCE EDWARD ISLAND



APPLICATION FOR RE-LICENSURE

Name: _____

Address: _____

Email: _____

License Fee: \$400.00 Corporate Fee: \$35.00 (if applicable)

Continuing Education Credits April 1, 2017 – March 31, 2018

Please complete the entire document and forward to the Dental Council no later than March 31st, 2018 to Dental Council of PEI, 184 Belvedere Ave., Charlottetown PE C1A 2Z1

Any applications received after April 1st will be charged a \$25.00 late fee. Applicants having NSF cheques will be charged a \$25.00 late fee. Licenses will not be issued until all penalties are paid in full.

Dr. Maurice Coady, Registrar

Please list employee's names, job titles and license status;

Name	Job Title	Licensed (y/n)

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

Name: _____ Date: _____

If Malpractice insurance is not with CDSPI, please list the name of the policy holder: _____

Does anyone in your office use nitrous oxide? Yes ____ No ____

Does anyone in your office use Nitrous Oxide plus oral sedative agent?
Yes _____ No _____

Does anyone in your office use parenteral conscious sedation? Yes ____ No ____

Does anyone in your office use Deep Sedation/ General Anesthesia
Yes _____ No _____

I give permission to the Dental Council of PEI and the Dental Association of PEI to communicate with me by my email address: Yes ____ No _____

Signature: _____