

**DENTAL COUNCIL
PRINCE EDWARD ISLAND**



APPLICATION FOR LICENSE RENEWAL 2019

Name: _____

Address: _____

Email: _____

License Fee: **\$500.00** Corporate Fee: \$35.00 (if applicable)

Continuing Education Credits April 1, 2018 – March 31, 2019

Please complete the entire document and forward no later than March 31st, 2019 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.

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: _____

Dr. Maurice Coady,

Registrar

