



# College of Alberta Dental Assistants

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Edmonton AB T5L 4S6

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www.abrda.ca

## Application for Advanced Practice Authorization Orthodontic Procedures – Substantial Equivalence

Use this form to apply for authorization to practice orthodontic procedures if you:

- hold a valid Practice Permit;\* and
- meet substantial equivalence requirements through either of the following:
  - have completed formal education for orthodontic procedures through a course that is not approved by the College but is substantially equivalent, or
  - have current practice rights for orthodontic procedures in another Canadian jurisdiction

\*If you are applying for a Practice Permit (Registration/Reinstatement), submit your Application for Advanced Practice Authorization with your Registration Application or Reinstatement Application.

### Requirements

You must meet these requirements to qualify for authorization to practice orthodontic procedures:

1. demonstrate successful completion of formal education for orthodontic procedures
2. demonstrate substantial equivalence by:
  - a) provide course information (i.e. course outline, schedule, course syllabus, course manual, clinical evaluation criteria) that demonstrates the orthodontic procedures education you completed is substantially equivalent to the requirements in the Theoretical, Pre-clinical and Clinical Course Content sections of the Program Approval Policies PAP5 Approval of Orthodontic Education Courses (available on our website), or
  - b) demonstrate current dental assisting practice rights (registration/certification/license) for orthodontic procedures that:
    - are for a Canadian province where dental assisting is regulated, and
    - are in good standing and not limited in any way
3. submit application form

### Personal Information

First Name: \_\_\_\_\_ RDA # \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province/Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Orthodontic Procedures Education

Include a copy of your certificate of completion and/or official transcript (Requirement 1).

If you are applying through Requirement 2 a), you must **also** provide course information as described in 2 a) of the Requirements section.

Course Name \_\_\_\_\_

Completion Date (MM/DD/YYYY) \_\_\_\_\_

School Name \_\_\_\_\_

I am applying through Requirement 2 a) and am providing course information as described in Requirement 2 a).

## Current Practice Rights for Orthodontic Procedures

Complete this section if you are applying through Requirement 2 b).

I have current practice rights for orthodontic procedures in a regulated Canadian jurisdiction.

- attach verification that demonstrates your practice rights include orthodontic procedures
- use the attached Verification of Standing form (see form for instructions)
- provide this information:

Province: \_\_\_\_\_ Valid From: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

## Applicant's Statement

For each statement that you check "I Disagree" you must include a written explanation with this application.

### My Consent

The information you give us is protected. Refer to the attached Privacy and Protection of Personal Information or our website for more information about privacy and disclosure.

*I Acknowledge and Understand that:*

- By submitting this application to the College I provide my consent to the College to collect, use and disclose my personal information as required for reasonable matters including fulfillment of statutory requirements.

### True and Correct Application

*I Agree I Disagree*

- I certify that the information given and made part of this application is true and correct in every aspect.

### My Responsibilities

*I Agree I Disagree*

- I will complete all requirements for advanced-practice orthodontic procedures authorization and ensure that I have authorization from the College before I practice orthodontic procedures.
- I will practice in accordance with the *Health Professions Act, Dental Assistants Profession Regulation, Standards of Practice* and *Code of Ethics*.
- I will perform only those duties and Restricted Activities I am authorized for and I am competent in after proper education, training and experience.
- I fully understand my responsibilities and that failure to comply with any or all of the above may result in cancellation or suspension of my Practice Permit, and subsequent notification of my cancellation or suspension pursuant to statutory requirements.

## Terms and Conditions

Before submitting your application, please carefully review the following Terms and Conditions:

- Each application for advanced practice authorization will be reviewed on an individual basis.
- We will notify you by email of the result of our review.
- If you meet the eligibility requirements, we will add orthodontic procedures to your authorized practice.
- If you do not meet the eligibility requirements you must successfully complete approved orthodontic dental assistant education prior to re-applying for advanced practice authorization.
- The Registrar may request that you submit additional information in order to verify your eligibility.
- If your application is incomplete and/or if the Registrar requests additional information, we will hold your application for up to 45 days. You must complete all incomplete/missing requirements and/or submit additional information within 45 days. If you do not complete all of the requirements within that 45-day period your application will expire. If your application expires, you must begin a new application to apply for advanced practice authorization. Your expired application and verification documents will not be returned to you.
- The Registrar may refuse or defer your application for advanced practice authorization if you are the subject of investigation or discipline related to unprofessional conduct in any jurisdiction.
- Our policies are subject to change without notice. Contact us to ensure that you have the most recent information.

### General Timeline for Review of Applications

- If you are applying through Requirement 2 a), your application is complete and you meet all other eligibility requirements you should expect it to take up to 12 weeks for us to review your application and notify you of the result.
- If you are applying through Requirement 2 b), your application is complete and you meet all other eligibility requirements, we will notify you of the result of our assessment within 10 business days of receiving your application.
- If your application is incomplete or we require additional information, the process may take longer.

**I accept the Terms and Conditions above.**

Signed \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ Date (MM/DD/YYYY)

## Submit Your Application

Submit your application to us by mail, courier or hand delivery to:

College of Alberta Dental Assistants  
166-14315 118 Ave NW  
Edmonton AB T5L 4S6

We do not accept applications by fax or email.

**Do you have questions? Do you need help?** Email us at [application@abrda.ca](mailto:application@abrda.ca) or call us at 780-486-2526