



Registrar, Professional  
Licensing  
Department of Health & Social Services  
7<sup>TH</sup> Floor New Government Building - 5015 – 49 ST  
Box 1320  
Yellowknife NT X1A 2L9  
Phone: (867) 767-9067  
Fax: (867) 873-0484

## Application Requirements for Registration as a Dental Mechanic (Denturist) in the N.W.T.

1. Completed **application**, photograph attached.
2. **Certified true copy of diploma** (copy of degree, certified by a Commissioner for Oaths or Notary Public as a true copy of the original). If a copy of the diploma is not available, the Registrar must receive transcripts of degree obtained, sent directly from School of Training.
3. **Certificate of standing** from all jurisdictions where the applicant currently or previously licensed. **Must be sent directly to the Registrar from the Licensing Authority. Note: To be eligible for licensure in the NWT, applicants must hold a current license in a province of Canada.**
4. Three **(3) professional references** to be sent directly to the Registrar from the referee. References must be dated within the past 6 months, and must be from individuals who have knowledge of the applicant's work.
5. Detailed **up to date resume**.
6. Photocopy of birth certificate or citizenship document (if Canadian Citizen) or valid immigration or work permit (if not a Canadian Citizen).
7. Cheque, Money-Order, or Visa Authorization payable to the Government of the N.W.T., for:

Registration - \$ 100.00 (payable at registration only)  
License - \$ 75.00 (license fee)

**Total: \$ 175.00**

Note: all licenses expire March 31 following date of issue, and are renewable.

**Ensure you indicate on the application whether you are registering in Part I or in Part II of the Dental Mechanics Register.**

Part I: Complete denture construction

Part II: Complete and Partial denture construction

**If you are applying for Part II, proof must be submitted that are currently licensed in a Canadian province to construct complete and partial dentures, and that you have the appropriate training from a recognized training facility.**

Complete applications should be sent to the attention of the Registrar, Professional Licensing, N.W.T. at the above address.



**Application for Dental Mechanic Registration  
Northwest Territories**

- Part I (Complete Denture Construction)  
 Part II (Complete AND Partial Denture Construction)

<p>Provide a recent passport-type photograph of yourself (taken within the last six months) Application considered incomplete without photograph.</p>	<p>_____ Last Name                      First Name                      Middle Name</p> <p>_____ (Apt #)                      (Street or postal box number)</p> <p>_____ (City, Town, Village)      (Province/State)      (Postal/Zip Code)</p> <p>Telephone: _____ Fax: _____ E-Mail: _____</p>									
<p>Date of Birth: (mm/dd/yy) _____ Canadian Citizen: <input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship) <input type="checkbox"/> No (attach copy of work auth. or immigration document)</p>	<p>Language Fluency: <input type="checkbox"/> English    <input type="checkbox"/> French <input type="checkbox"/> Other, specify: _____</p>									
<p>Location and Dates of Planned Practice in N.W.T. Location/Clinic(s) _____ Anticipated Start Date: _____ Note: Applicant must be fully licensed before working as or calling oneself a Dental Mechanic in the Northwest Territories.</p>										
<p>Diploma/Degree/Course of Study (attach certified copy of diploma/degree)</p> <p>_____/_____/_____ (Date of Graduation)      Name of School - Province/State/Country</p> <p>_____/_____/_____ (Date of Graduation)      Name of School - Province/State/Country</p>										
<p>REGISTRATION IN OTHER JURISDICTIONS: (include previous and current): (Valid registration in a Canadian province is required to be eligible to be licensed in the N.W.T.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Province/Territory/Country</th> <th style="width: 30%;">Registration/License Number</th> <th style="width: 40%;">Registration/License Dates (From - To)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Province/Territory/Country	Registration/License Number	Registration/License Dates (From - To)						
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<p>References: Provide the names and address of three (3) references. Supply these referees with a copy of the Reference Form.</p> <p>1) _____                      2) _____                      3) _____  _____                      _____                      _____  _____                      _____                      _____</p>										

<b>Personal Information</b> (Check the appropriate box. <b>If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.</b> )	Yes	No
1. Have you ever been refused a license, permit or registration to practice as a dental mechanic (denturist) in any jurisdiction?		
2. Have you ever had a dental mechanic license, registration or right to practice in any jurisdiction revoked, suspended or restricted in any way?		
3. Have you ever been treated for any addictions such as alcohol abuse, drug abuse, etc.?		
4. Are you presently or have you ever been subject to an allegation, complaint or investigation for any reason whatsoever by any licensing authority?		
5. 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?		
6. Have you previously applied for, or have been issued, a license or certificate of registration in the Northwest Territories. If yes, when? <span style="float: right;">License # (if known)</span>		

**Declaration**

**I authorize** the Registrar 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When complete, forward with all required attachments, to: Registrar, Health Professional Licensing Department of Health & Social Services Government of the Northwest Territories 7 <sup>th</sup> Floor New Government Building (5015-49 ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 767-9067	If you wish to pay your fees by Visa, complete the following: <b>(See list of requirements for fees.)</b>  Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: _____  Authorized Signature: _____
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This personal information is being collected under the authority of the *Dental Mechanics 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.



**Reference form for Dental Mechanics for  
Dental Mechanic Registration in the N.W.T.  
PLEASE RETURN COMPLETED FORM TO:  
Office of the Registrar, Professional Licensing, Health & Social Services  
Box 1320- 7th Floor NGB- Yellowknife, NWT X1A 2L9  
Telephone: (867) 767-9067 Facsimile: (867) 873-0484**

NAME OF APPLICANT (PLEASE PRINT):

*I authorize the referee to disclose to the Registrar, Professional Licensing of the Northwest Territories, information relevant to licensure that would otherwise be confidential and I waive any right of disclosure of the same and agree that communication between the Registrar and the referee shall be privileged. This personal information is being collected under authority of the Dental Mechanics Act. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act.*

SIGNATURE OF APPLICANT:

DATE:

NAME OF REFEREE (PLEASE PRINT):

APPLICANT TELEPHONE/FACSIMILE #:

**INSTRUCTIONS FOR REFEREE:** Your personal knowledge of this applicant is important in judging suitability for licensure. Any problems or concerns that you identify below should be explained. Please use the back of this form if required.

1. Indicate dates where, and in what capacity, you worked with the applicant. Must be within the last three years.

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YES NO

2. Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems?  YES  NO
3. Are you aware of any complaints regarding the applicant by patients, dentists, or other dental mechanics?  YES  NO
4. Do you know of any ethical problems the applicant has that may relate to his practice?  YES  NO
5. Are you aware of any aspects of the applicant's personality that may cause difficulties in professional interpersonal relationships?  YES  NO
6. Is there any reason why you would not consider the applicant to have adequate knowledge, skills, and judgement required to provide dental mechanic services.  YES  NO
7. Have you any additional information with respect to the applicant's professional or ethical conduct that may affect their application for registration?

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SIGNATURE OF REFEREE:

DATE:

ADDRESS:

TELEPHONE #:

FACSIMILE #:

**The Reference may be faxed to (867) 873-0484 but ensure original is mailed promptly.**