

This form must be completed, submitted and approved by the College of Dental Surgeons of Alberta for all regulated member's applying for certificates under the **Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures**.

Please email completed form and training documentation to Continuing Education [CE@cdsab.ca](mailto:CE@cdsab.ca)

**Regulated Member Information**

(Surname)

(Given Name)

(Middle Name)

**Practice Permit Number:** \_\_\_\_\_**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Work Phone** \_\_\_\_\_**Email:** \_\_\_\_\_

**Note:** Oral and Maxillofacial Surgeons (OMFS) may provide any procedures contained in the Standards of Practice: Facial Esthetic Therapies and Adjunctive Procedures so long as their training encompassed said procedures. Most procedures are included in OMFS curricula and/or their continuing education profile.

I have read, reviewed and understand the Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures and Guide for Facial Esthetic Therapies and Adjunctive Procedures.

My educational curriculum and continuing education profile corresponds with:

Level 1    Level 2    Level 3    Level 4a    Level 4b    Level 4n    Level 5    Level 6

I acknowledge and agree that the contents are true and complete, and I understand and agree that if I make a false or misleading statement or representation in my application, I will be deemed to not have satisfied the requirements of the standards. I further understand and agree that making a false or misleading statement to the College of Dental Surgeons of Alberta may be considered as unprofessional conduct.

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