

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: \_\_\_\_\_

**INTERNAL USE ONLY:**

Certificate Issue Date