This Level 4a – Dermal Fillers: Basic Facial Dermal Fillers Training Authorization Application Form must be completed, submitted, and approved by the **College of Dental Surgeons of Alberta** prior to Alberta dentists commencing Level 4a training under the **Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures.**

Please email completed form and training documentation to Continuing Education CE@cdsab.ca

Dentist Name: _____   _____   _____
                    (Surname)   (Given Name)   (Middle Name)

Practice Permit Number: _____

Address: _____

                 _____

                 _____

Phone #:   (_____) _____ – _____

Email: _____

Level 4a – Dermal Fillers: Basic Facial Dermal Fillers Authorized Training Education Program Requirements:

1. I have provided Level 3 care for the <u>minimum one-year</u> period.
2. I have completed and maintained a listing of 20 patient identifiers with start and end dates for the treatment of at least 20 different patients. These 20 individual documented patient treatment cases with pre- and post-treatment photographs are required to proceed to Level 4a. I understand that proof of completion may be required by the CDSA at any time.
3. I understand the CDSA Level 4a – Dermal Fillers: Basic Facial Dermal Fillers Certificate can only be obtained upon successful completion of an approved Level 4a education program, and I am required to submit certificate of completion.
4. I have read, reviewed and understand the Standard of Practice: Facial Esthetic Therapies and Adjunctive Procedures.

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 could be considered as unprofessional conduct.

Signature: _____   **Date:** _____