

This Level 3 – Advanced Neuromodulators: Mid-face and Lower Face/ Neck Regions and Myofascial Pain and Dysfunction Treatment Training Authorization Application Form must be completed, submitted, and approved by the **College of Dental Surgeons of Alberta** prior to Alberta dentists commencing Level 3 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](mailto:CE@cdsab.ca)

**Dentist Name:** \_\_\_\_\_  
(Surname) \_\_\_\_\_ (Given Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_

**Practice Permit Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Level 3 – Dermal Fillers: Advanced Neuromodulators: Mid-face and Lower Face/ Neck Regions and Myofascial Pain and Dysfunction Treatment Authorized Training Education Program Requirements:**

1. I have provided Level 2 care for the minimum one-year 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 3. I understand that proof of completion may be required by the CDSA at any time.
3. I understand the CDSA Level 3 – Advanced Neuromodulators: Mid-face and Lower Face/ Neck Regions and Myofascial Pain and Dysfunction Treatment Certificate can only be obtained upon successful completion of an approved Level 3 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:** \_\_\_\_\_

**INTERNAL USE ONLY:**

Level 2 Certificate Issue Date

Level 3 Training Approval Date