

## EXPERIENTIAL HOURS FORM

You need to complete this form if:

- You graduated from a dental technology or a dental health program (e.g., dentistry, dental hygiene, denturism) more than 24 months before the date of application.
- Your CADTR credential evaluation results determined that the experiential hours in your education program was less than 1300 hours. You will need to provide additional experiential hours outside of your education program to meet the 1300 hours requirement. Refer to **Section B** below.

Provide only the experiential hours gained within 36 months before the date of your application. Hours can be in your education program and/or outside of your education program:

- A.** Experiential hours in your education program can include practical hours, school lab work, hands-on projects, simulation hours, field placement. Evidence of hours can include your transcript(s) and/or your course outlines (syllabi).
- B.** Experiential hours outside of your education program can include hands-on projects, courses outside of your education program, practice/work experience, training, volunteering and can be completed in any country. Evidence of hours may include, but is not limited to, employment letters, certificate of completion for courses or training, and volunteer hours related to dental technology practice.

### Notes:

Applicants have 12 months from the date of the payment of the non-refundable application fee to ensure that the required documents for the credential evaluation are received and all fees paid. CADTR will not conduct the credential evaluation until all of the required documents including evidence of experiential hours and the associated fee(s).

Under extenuating circumstances (e.g., institution or country is affected by war, natural disaster, or political interference), where required documents cannot be obtained, CADTR may accept alternative documentation on a case-by-case basis.

<b>APPLICANT DECLARATION</b>	
<p>I, _____, solemnly declare that:</p> <p style="text-align: center;"><b>APPLICANT'S FULL LEGAL NAME</b></p> <ul style="list-style-type: none"> <li>• I certify that all information provided is complete, true and correct to the best of my knowledge and belief.</li> <li>• I understand that a false or misleading statement may result in being disqualified from taking the Canadian Alliance of Dental Technology Regulators' Dental Technology Entry-to-Practice Assessment, invalidating any credential and/or assessment results and may affect my application for registration with a Dental Technology Regulator.</li> <li>• I understand that the information collected on this form will be used by the Canadian Alliance of Dental Technology Regulators, and may be shared with dental technology regulators or as permitted by law.</li> </ul>	
<b>Date</b>	<b>Applicant's Signature</b>

**APPLICANT INFORMATION**

Surname	Given name(s)
Contact email	
Contact telephone number and area code	
Date of application	

**EXPERIENTIAL HOURS**

N°	DATE	TITLE of hands-on project/course/ practice experience/ training/ volunteer/ work	LENGTH number of hours	COUNTRY where you gained these hours	EVIDENCE Transcript/ Syllabi/ employment letter/ course or training certificate/ instructor or supervisor letter/ other	LANGUAGE Is the evidence in EN/FR or has been translated to EN/FR? Yes/No	SUBMISSION Is the evidence ready to be included with this form? Yes/No	COMMENTS additional comments, if any
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<b>Total Experiential Hours</b>	Sum of Hours
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