



## APPLICATION FORM

### Observership Program for International Educated Dental Professionals (IEDPs) in Dental Offices & Clinics

*Prior to beginning the Observership Program an orientation session must be completed.*

#### General Information:

Name: Dr. \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Education Information:

Undergraduate university: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Dental School: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Postgraduate university: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation date: \_\_\_\_\_

#### Please provide the following information:

Country of Origin: \_\_\_\_\_ Language (s): \_\_\_\_\_

#### Canadian Language Benchmark (CLB) Assessment scores:

Listening  Speaking  Reading  Writing

Are you registered at ISANS as an IEDP? Yes  No

#### National Dental Examining Board (NDEB) Information

*Please identify which NDEB Exams you have passed:*

Assessment of Fundamental Knowledge (AFK) Date: \_\_\_\_\_

Assessment of Clinical Judgment (ACJ) Date: \_\_\_\_\_

Assessment of Clinical Skills (ACS) Date: \_\_\_\_\_

#### Workshops/Programs:

Orientation Workshop to Canadian Dental Practice (NSDA) Yes  No

Hands on Practice Program (HOPP) Yes  No

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

Please submit applications to: [iehp@isans.ca](mailto:iehp@isans.ca)