



APPLICATION FOR EXAMINATION:

Name: (please print) \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_  
*(please sign)*

hereby apply to the Board of Examiners of the Nova Scotia Dental  
Technician's Association to undergo testing for the year 20\_\_\_\_,

in the following disciplines:

*(please check all that apply)*

- Fabrication of Complete Dentures
- Fabrication of Wrought & Cast Partial Dentures
- Fabrication of Crowns & Bridges
- Fabrication of Ceramics
- Fabrication of Orthodontic Appliances

I have enclosed the examination fee of \$400.00 per exam on \_\_\_\_\_  
*(date)*

I have included the written endorsement of the following RDT: \_\_\_\_\_

\*Please make cheques payable to "The Nova Scotia Dental Technician's Association" and forward along with this application to:

The NSDTA  
26 Keating Dr.  
West Chezzetcook, NS  
B0J 1N0

For information or questions email: [bruce.friis@dal.ca](mailto:bruce.friis@dal.ca)