



ASSOCIATION of CANADIAN  
FACULTIES of DENTISTRY



L'ASSOCIATION des FACULTÉS  
DENTAIREs du CANADA

**REQUEST TO REGISTER FOR THE  
NOVEMBER 10 & 11, 2012  
DENTAL SPECIALTY CORE KNOWLEDGE EXAMINATION (DSCKE)**

FOR CANDIDATES TO THE DENTAL SPECIALTY CORE KNOWLEDGE EXAMINATION (DSCKE)  
WHO HAVE PREVIOUSLY COMPLETED THE APPLICATION PROCESS

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION CLEARLY

**ACFD Identification Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

CITY	PROVINCE/STATE	POSTAL/ZIP CODE
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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Examination Centre preference (indicate city)\* 1. \_\_\_\_\_  
2. \_\_\_\_\_

\* Centres may be established at Canadian Faculties of Dentistry provided a minimum of 10 candidates apply at a location.

*According to Board policy, ACFD Examination centres may be established outside of Canada, provided that six weeks in advance of the application deadline, a minimum of 50 registered candidates request the same centre, and that an acceptable examination location with acceptable security can be established.*

*The ACFD will try to accommodate location preferences but may have to offer alternate locations due to space limitations at some examination locations*

I wish to take the examination in: English \_\_\_\_\_ French \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by fax or mail by the registration deadline date of August 15, 2012.**

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