



ASSOCIATION of CANADIAN
FACULTIES of DENTISTRY



L'ASSOCIATION des FACULTÉS
DENTAIREs du CANADA

**REQUEST TO REGISTER FOR THE
NOVEMBER 13 - 14, 2010
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, 2010.

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