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**Protocol and MOU**

**for**

**CDSS Academic Licensure**

**(Non-NDEB/Non-NDSE Academic License)**

**Specifically, Between**

**The CDSS**

**And**

**Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Background:

University of Saskatchewan and Government of Canada guidelines give preference to appropriately credentialed Canadians when filling academic positions. However, a shortage of Canadian academic dentists often means that the best candidate applying for an academic position, is a dentist who received his/her dental training outside of Canada. These Internationally trained applicants do not meet the requirements for a **license to practice** in Saskatchewan. This means they cannot supervise dental students in clinics.

In many Canadian jurisdictions, special academic licensure categories ensure that highly qualified and carefully vetted international candidates have a non-practice license category that supports dental education and meets regulatory requirements. The CDSS Academic License is supported by a license policy that includes this Protocol and MOU.

**Limitations**:

***The CDSS Non-NDEB/Non-NDSE Academic License is a non practicing license and is not a direct pathway to full licensure as a general dentist or specialist dentist in Saskatchewan or any other jurisdiction in Canada. It is an opportunity to teach and gain additional knowledge, skills and abilities in a supervised academic environment.*** *Such could support a candidates’ potential desire to seek full licensure via:*

*(i) successful completion of the NDEB Equivalency Process and the NDEB*

*examination for licensure as a general practitioner, or*

*(ii) successful completion of the NDEB DSCKE, required Gap Training and*

*the NDSE for licensure as a specialist,*

*and successfully completing all other licensure requirements in*

*Saskatchewan or other Canadian jurisdiction.*

**The provision of any student supervision under this license is limited**

**pursuant to the CDSS Bylaws, Academic License Policy and this MOU.**

**This license is also limited to U of S College of Dentistry facilities,**

**since the College is only able to perform the required quality**

**assessment procedures within the facilities where it has full control**

**and jurisdiction. Furthermore, appropriate supervision requires**

**experienced academics who are familiar with the ACFD Competencies.**

# CDSS Academic Licensure Protocol

**Step 1 Vetting and Selection of Candidates**

The Registrar, College of Dental Surgeons of Saskatchewan (CDSS), or a CDSS designate, will be a member (non-voting) of the selection committee for all searches involving candidates where Academic Licensure is requested, and as such has participated in the Dr. \_\_\_\_\_\_\_\_\_\_\_ Selection Committee.

**Step 2 Establishing supervision Privileges**

1. Student Supervision Privileges

As an Academic License, Faculty Member Dr. \_\_\_\_\_\_\_\_\_\_\_\_may supervise U of S College of Dentistry students, when the students are performing Clinical Cariology Assessments (description to be attached) as a continuation of their didactic cariology course in U of S College of Dentistry facilities under the conditions below:

* 1. The Dean will provide a document (to be attached) that indicates that a risk assessment related to this supervision activity has been successfully been completed, and
  2. Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on recommendation by the Dean and upon approval by the CDSS, will be able to perform clinical Cariology assessments and supervision as a continuation of his didactic cariology course as outlined by, and with indirect supervision by, the Clinical Dean under the following conditions:

a. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_clinical activity will be limited to supervision related to Cariology

assessments in the discipline of Operative Dentistry.

* + 1. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ will not perform any DDA s23 authorized practice, and
    2. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_will not use handpieces and instruments as part of any patient care:

This MOU is renewable annually and is agreed to by:

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed Date\_\_\_\_\_\_\_\_

Clinical Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Signed Date\_\_\_\_\_\_\_\_

Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed Date\_\_\_\_\_\_\_\_

Registrar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Signed Date\_\_\_\_\_\_\_\_

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