PROVISIONAL PROSTHODONTIC MODULE

Okanagan College
Licensed Dental Assistant Department

Sponsoring Dentist / Participant Agreement

DENTIST:

I have read the *Prosthodontic Module: Information for Sponsoring Dentists* and understand my role and responsibilities in providing time, materials, opportunities for learning, and support for _____ to register in *Provisional Prosthodontic Theory and*
(Certified Dental Assistant's Name)
Provisional Prosthodontic Clinical.

I can verify that _____ has working knowledge of
(Certified Dental Assistant's Name)
prosthodontic procedures/has been assisting with prosthodontic procedures for one year.

I agree to give this support for the duration of both the theory and clinical courses and to provide opportunities for the participant to learn with patients.

I can withdraw my support at any time by notifying both the participant and the institution, but I recognize that the participant will not be permitted to continue in the courses unless another sponsoring dentist is available.

_____ _____
Dentist's Name (print) Signature

_____ _____
Date BCCOHP #

PARTICIPANT:

I understand that it is my responsibility to locate and work with a sponsoring dentist for the duration of *Provisional Prosthodontic Theory* and *Provisional Prosthodontic Clinical*.

I plan to take the Theory course: Online/Distance Education commencing September 1 – October 9, 2026

I plan to take the Clinical course: Okanagan College Kelowna Campus
October 10-12, 2026
*Please note this is Thanksgiving weekend

_____ _____
Participant's Name (print) Signature

Please send this form to the institution with your application for Provisional Prosthodontic Theory. The sponsoring dentist and the participant should each keep a copy of this agreement.