



Certificate of Registration Application Checklist

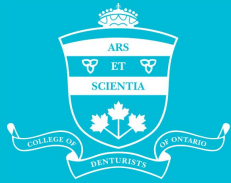
The following documents are required as part of a Certificate of Registration application.

<input type="checkbox"/>	<u>Form B</u> – Certificate of Registration Application
<input type="checkbox"/>	<u>Form B1</u> – Registration Undertaking Undertaking to provide proof of Professional Liability Insurance.
<input type="checkbox"/>	Citizenship/Immigration Status Proof of citizenship, permanent residency or legal authority to work in Canada (i.e. passport, birth certificate, permanent resident card). If not already on file with the College. Notarized copy or certified true copy made by the College is required.
<input type="checkbox"/>	Language Proficiency (if applicable) Proof of language proficiency, required if education was taught in a language other than English or French. Details about the language proficiency requirement can be found in the College's Language Proficiency Requirements Policy (link).
<input type="checkbox"/>	<u>Form B2</u> – Certificate of Professional Conduct – (if applicable) Applicants who are currently, or have been, registered members of any other regulatory body, in any jurisdiction must complete this form and submit it to the regulatory body for completion and submission to the CDO.
<input type="checkbox"/>	Criminal Record and Judicial Matters Check Details about this report can be found in the CDO's Criminal Record and Judicial Matters Policy .
<input type="checkbox"/>	Copy of Denturism Diploma If not already on file with the College. Notarized copy or certified true copy made by the College is required.
	Application Fee Payment
<input type="checkbox"/>	Option 1: Certified cheque or money order – a cheque/money order payable to the College of Denturists of Ontario is included in my application package (for fee amounts review Schedule 7 of the By-laws, Fee Schedule).
<input type="checkbox"/>	Option 2: Paying by Credit Card – I have enclosed a completed <u>Form B3</u> – COR Credit Card Payment Form for payment of the application fee (for fee amounts review Schedule 7, Fee Schedule of the By-laws).

Include this checklist with your application

College of Denturists of Ontario
Postmedia Place
Attention: Registration
365 Bloor Street East, Suite 1606
Toronto, Ontario M4W 3L4

Your application will be processed when all documents and payment have been received.



Certificate of Registration Application Form

Detailed information regarding the Registration process and assistance in completing this application form can be found on the College website - [Registering as a Denturists](http://www.denturists-cdo.com) at www.denturists-cdo.com.

This form can be filled out **electronically** or by hand.

Section 1: Personal Information

1.a) Current Legal Name

Salutation: Ms. Mrs. Mr.

First Name:

Middle Name(s):

Last Name:

1.b) Previous Names

Previous First Name:

Previous Middle Name:

Previous Last Name:

Known by this name from (mm/dd/yyyy):

to (mm/dd/yyyy):

1.c) Alternate Names

Is there a nickname or abbreviation of your name that you practice under and would like included in the Public Register?

Yes, please add the following Alternate Name to the Public Register

1.d) Date of Birth

mm/dd/yyyy

1.e) Gender

Female

Male

Unspecified

Section 2: Contact Information

2.a) Home Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Email:

Phone:

Fax:



2.b) Business Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Email:

Phone:

Fax:

2.c) Preferred Contact

Preferred email address for communication with the College:

Preferred mailing address for communication with the College:

Home Address

Business Address

Section 3: Liability Insurance

FORM B1 – Registration Undertaking. An application is not complete until the College has received a completed Form B1 - Registration Undertaking. Insurance policy information must be provided to the College within 30 days of the approval of the application. A Certificate of Registration will not be issued until proof of insurance coverage is submitted to the College.

Section 4: Citizenship/Immigration Status

List the citizenship/immigration document(s) submitted in support of the application. Notarized copy or certified true copy made by the College is required.

Document type provided	Document Number	Date of expiry (if applicable)	Name as it appears on document
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Section 5: Language(s) of Service Fluency

List language(se) in which you provide Denturism services

English

French

Other



Section 6: Legal and Regulatory History

6.a) Professional Affiliations

List all current or past registrations with any regulatory body in Ontario or any other jurisdiction. Please complete [Form B2 - Certificate of Professional Conduct](#) for each regulator listed.

Professional Body 1:

Registration/Identification #:

Province/State:

Country:

Professional Body 2:

Registration/Identification #:

Province/State:

Country:

Professional Body 3:

Registration/Identification #:

Province/State:

Country:

6.b) Disclosure of Prior Regulatory or Legal Proceedings

Answer the questions below. If 'yes' is indicated for any of the questions, attach a separate sheet outlining the details of the matter.

In Ontario or any other jurisdiction, are you the subject of, or have you been the subject of:

- | | | |
|--|-----|----|
| i. a finding of professional misconduct, incompetence or incapacity or any similar finding? | Yes | No |
| ii. a current proceeding for professional misconduct, incompetence or incapacity, or any other similar proceeding? | Yes | No |
| iii. a finding of professional negligence or malpractice? | Yes | No |
| iv. failing to pass a required registration or licensing examination? | Yes | No |
| v. not having been in good standing with the regulatory body at the time you ceased being registered or licensed? | Yes | No |
| vi. having been non-compliant in the payment of fees to the regulatory body? | Yes | No |
| vii. having been non-compliant with the obligation to provide information? | Yes | No |
| viii. having been the subject of an investigation by the regulatory body? | Yes | No |
| ix. having been subject to sanctions imposed by the regulatory body? | Yes | No |
| x. convicted of a criminal offence or any other offence? | Yes | No |
| xi. an offence resulting in a fine greater than \$1,000 or any form of custody or detention? | Yes | No |



6.c) Disclosure of Other Information

Are there any other events, circumstances, conditions or matters not disclosed above that would provide reasonable grounds for the belief that you would not practice denturism in a safe and professional manner? (If you select 'yes' please provide a separate sheet outlining the details of the matter).

Yes No

Section 7: Criminal Background Check

I have completed a Criminal Background Check.

Date completed:

mm/dd/yyyy

Section 8: Fee Payment

Initial Application Fee: (Included)	\$100 + HST = \$113.00
	April 15 - July 14 ----- \$1700 + HST = \$1921.00
	July 15 - October 14 ----- \$1275 + HST = \$1440.75
Registration Fee:	October 15 - January 14 ---- \$850 + HST = \$960.50
	January 15 - April 14 ----- \$425 + HST = \$480.25

Based on date of application

Total \$:

(Initial Application Fee + Registration Fee + HST)

Method of Payment: Certified Cheque/Money Order
Credit Card - Visa/MasterCard

When paying by Credit Card, please use **Form B3** - "Credit Card Payment Form"

Section 9: Authorization

I understand that the College of Denturists of Ontario, and authorized persons acting on its behalf, may contact any educational institution: assessment, examination or credentialing agency; previous or present employers; or governing or regulatory body to obtain information which would assist the College in determining whether I am eligible to be registered as a denturist in Ontario. I give my consent to any institution, agency, employer or governing or regulatory body to release such information when requested by the College of Denturists.

Section 10: Declaration and Signature

The information contained in this application is accurate and true.

Signature

Date (mm/dd/yyyy)

Section 11: Application Submission

Submit the completed form and payment to: College of Denturists of Ontario
Attn: Registration
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Completed applications are processed as received.



Registration Undertaking Form

This form must accompany an application for a Certificate of Registration.

I, _____, understand that as a member of the College of
[print name]

Denturists of Ontario and pursuant to Article 32.01 of the College By-laws, I am required to have professional liability insurance that meets the following requirements:

- (i) a minimum of no less than \$1,000,000 per occurrence;
- (ii) annual aggregate coverage of no less than \$5,000,000;
- (iii) a deductible of no more than \$1,000 per occurrence;
- (iv) run-off coverage (enduring or tail coverage) for a minimum of three (3) years; and
- (v) the insurance is provided by an insurer licensed with the Financial Services Commission of Ontario, the office of the Superintendent of Financial Institutions Canada, or a body outside of Ontario that the Registrar considers substantially equivalent to the Financial Services Commission of Ontario.

I declare that I am eligible for professional liability insurance coverage.

I undertake to obtain Professional Liability Insurance and provide proof of coverage to the Registrar of the College of Denturists of Ontario within 30 days after my registration is approved.

I understand that the Registrar shall not issue the Certificate of Registration until actual proof of coverage is received.

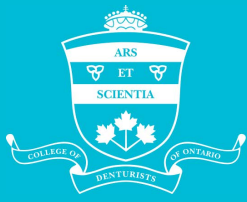
I agree not to provide Denturist Services until the required Professional Liability Insurance coverage is obtained and proof is provided to the College.

Signature

Date (mm/dd/yyyy)

Form Submission

Submit the completed form to : College of Denturists of Ontario
Attn: Registration
365 Bloor Street East, Suite
1606 Toronto, ON M4W 3L4



Certificate of Professional Conduct

Complete Section 1 of this form, submit it to the regulatory body for completion of Sections 2 - 4 and submission to the College of Denturists of Ontario. Submit individual requests to each regulatory body with which you are currently, or have been, registered.

This form can be filled out **electronically** or by hand.

Section 1: Applicant's Contact Information

Salutation: Ms. Mrs. Mr.

Last Name:

First Name:

Former Name(s) (if applicable):

Address:

Unit/Suite:

City:

Province:

Postal Code:

Country:

Email:

Phone:

Fax:

Section 2: Regulatory Body Reporting Information

Report of Professional Conduct

Regulatory Body:

Certificate of Registration #:

Period of Registration: From:

To:

[mm/dd/yyyy]

[mm/dd/yyyy]

Class of Registration:

GENERAL

INACTIVE

TEMPORARY

PROVISIONAL

Other

Number of Practice Hours
Reported in Preceding 3 Years:



Section 2: Regulatory Body Reporting Information cont'd

Report of Professional Conduct

Has the registrant's Certificate of the Registration ever been suspended, cancelled or revoked?	Yes	No
Does registrant have any outstanding obligations including those related to unpaid fees or requirements for information?	Yes	No
To your knowledge, does the registrant have any pending criminal or relevant civil proceedings?	Yes	No
To your knowledge, are there any criminal or relevant civil findings against the registrant?	Yes	No
Has the registrant ever had a finding of professional misconduct, incompetence or incapacity, or a like finding made against her/him?	Yes	No
Is the registrant currently under investigation or involved in any proceedings for conduct related to professional misconduct, incompetence or incapacity, or any like investigation or proceeding?	Yes	No
Does the registrant have any terms, conditions, or limitations on her/his Certificate or Registration?	Yes	No
Does your organization have any other information relevant to the suitability of the registrant to practice denturism that is not disclosed above?	Yes	No
Has the registrant complied with the quality assurance/improvement and/or continuing competence requirements?	Yes	No

Section 3: Additional Information

You may attach additional sheets if applicable

Section 4: Declaration, Signature and Seal

4.a) Declaration

I _____ acting on behalf of _____,
(Print Name)

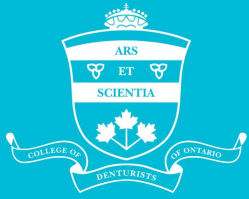
do hereby certify that the foregoing statements are true statements of the registration for: _____
(Name of Registrant)

4.b) Signature and Seal

Signature	Date (mm/dd/yyyy)	Seal Of College
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Section 5: Form Submission

Submit the completed form to: **College of Denturists of Ontario
Attn: Registration
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4**



Application for Certificate of Registration - Credit Card Payment

If you wish to make a payment by credit card, please complete this form and submit it to the College with your application for registration. Once payment has been processed and cleared, this form will be securely destroyed. The College does not retain credit card information.

This form can be filled out **electronically** or by hand.

Section 1: Credit Card Information

Candidate's Full Name:

Candidate's Number:

Initial Application Fee: \$100 + HST = \$113.00

Pro-Rate Registration Fee: April 15 - July 14 ----- \$1,700 + HST = \$1921.00

July 15 - October 14 ----- \$1275 + HST = \$1440.75

Based on date of application October 15 - January 14 ---- \$850 + HST = \$960.50

January 15 - April 14 ----- \$425 + HST = \$480.25

Credit Card Type:

Visa

MasterCard

Credit Card Number:

Card Validation Code (CVC):

(The three numbers on the back of the card)

Expiry Date:

(mm/yy)

Name on Card:

Signature of Cardholder:

Authorized Amount \$:

(Initial Application Fee + Registration Fee + HST)

Please Note: The College does not store credit card information. If additional charges are required, a new completed form will be required.

Section 2: Declaration and Signature

I hereby authorize the College of Denturists of Ontario to charge this credit card for the amount above.

Signature

Date (mm/dd/yyyy)