



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.