



## 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

		Seal Of College
Signature	Date (mm/dd/yyyy)	

## 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**