



Guide to Clinic Naming

When must I have my proposed clinic name approved by the College?

As a practising Denturist, you need to have your clinic name approved by the College of Denturists of Ontario's (CDO) Executive Committee unless you are using your own name as recorded in the CDO's Register (e.g. "John Doe Denture Clinic").

Do I have to register the name with the Ontario government?

If you are incorporating your clinic then you will also have to submit the name to the Ontario government as part of the incorporation process. The Ontario government will make a determination about whether it accepts the name of the corporation. If the name of the business is different than the name of the corporation, the business name will also have to be registered with the Ontario government. Business name registration applies to:

- Sole proprietorships
- Partnerships

For more information on incorporating in Ontario please follow this link:

<https://www.ontario.ca/page/start-run-and-change-corporation>

- * **Please note that registration of the clinic name with the Ontario government does not mean that the name will be approved by the Executive Committee. Further, approval by the Executive Committee does not mean that the Ontario government will register the name.**

If I am the new owner of an existing clinic, can I use the previous owner's name?

New owners of an existing clinic cannot use the name of the previous owner when the business is purchased since the clinic name must include the name of the current owner (one exception would be if both owners have the same name). However, the clinic can include in its advertising that the clinic formerly operated under the name of the previous clinic.

What if I am intending to use a geographic location in my clinic's name?

When choosing a name for a clinic, members should be aware that if the name includes a geographic location and the clinic subsequently moves to a different geographic location the name of the clinic will need to be changed to reflect the new location.

If I register my clinic name with the College, is the name protected?

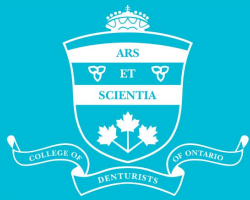
Registration of a clinic name with the College, or inclusion in the College's register, does not protect the name of a clinic. Members should consult with their own legal counsel for advice on how to protect the name of a clinic or business.

For more information:

Visit our website at: www.denturists-cdo.com

Email us: info@denturists-cdo.com

Call us: 416-925-6331 ext. 227 • 1-888-236-4326



Clinic Name Registration Application Form

Please review the [Clinic Name Policy](#) the [Guide to Clinic Naming](#) and the [Clinic Name FAQ's](#) prior to submitting your application.

Unless you are using your name as listed on the College's Public Register followed by "Denture Clinic", all practising Denturists are required to have their clinic name approved by the College of Denturists of Ontario's Executive Committee prior to registering their clinic name with Service Canada.

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

Section 1: Applicant's Name and Contact Information

1. a) Applicant's Information (Owner of the Clinic)

Salutation: Ms. Mrs. Mr.

Certificate of Registration #:

Last Name:

First Name:

1. b) Applicant's Mailing Address

Clinic Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

1. c) Partner's Information (only applicable if the applicant is opening clinic with a partner)

Partner's Full Name:

Registration No.:

Partner's Full Name:

Registration No.:

Partner's Full Name:

Registration No.:



Section 2: Clinic Name Proposal and Information

2. a) Proposed Clinic Name and Address

We recommend providing two possible clinic names.

Proposed Clinic Name:

Alternate Proposed Clinic Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

2. b) Clinic Type, Status, Information and Name Search

Clinic Type

Current Name of Existing Clinic

Anticipated Opening Date
of New Clinic

Existing Clinic

New Clinic

Mobile Clinic only

mm/dd/yyyy

Will this be your Primary Practice Yes No

I have completed a proper name search (e.g. provincial business name search, and search of the internet) to confirm the name being proposed is not already in use by a practitioner in my area.

Yes No

What is the reason for the proposed clinic name(s)?

Section 3: Declaration and Signature

Applicant's Authorized Signature

By signing below, I am indicating my intention to apply for a clinic name with the College of Denturists of Ontario, and I have verified the information provided on this application to be correct.

Please note that the Executive Committee meets approximately 4 times a year.

Signature

Date (mm/dd/yyyy)



Section 4: Payment Information

Payment amount to process your application: **\$25.00 + \$3.25 HST = \$28.25**

Method of Payment: Cheque/Money Order - made payable to the College of Denturists of Ontario
Credit Card - Visa/MasterCard

If you are paying by Credit Card, please use **Form E4 "Credit Card Payment Form"**

Section 5: Form Submission

The completed form and payment can be submitted to the College by one of the following methods:

Email: info@denturists-cdo.com
Subject Line: Clinic Name Application

Fax: 416-925-6332
Attn: Clinic Name Application

Mail:
Attn: Clinic Name Application
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

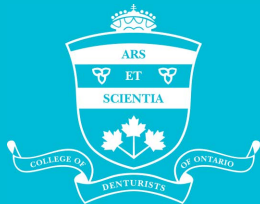
Your application will be processed when all documents and payment have been received.

For Office Use Only:

Clinic Name Approved/Not Approved: _____

Clinic Name Approved: ☐ Yes ☐ No

Date Clinic Name Approved/Not Approved: _____



COLLEGE OF
DENTURISTS
OF ONTARIO

Credit Card Payment Form

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

Member/Candidate's Full Name:

Registration/Candidate #:

Please select one of the following Fees:

Initial Registration of a Certificate of Authorization Fee -	\$1,000.00 + HST = \$ 1,130.00
Jurisprudence Program Fee -----	\$100.00 + HST = \$ 113.00
Duplicate Certificate Application Fee -----	\$50.00 + HST = \$ 56.50
Letter of Standing Application Fee -----	\$44.25 + HST = \$ 50.00
Clinic Name Registration Fee -----	\$25.00 + HST = \$ 28.25

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 \$:
(including 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)