



COLLEGE OF
DENTURISTS
OF ONTARIO

Non-Council Committee Member

Expression of Interest

Section 1: Member Information

First Name:

Last Name:

Certificate of Registration #:

Section 2: Committee(s) of Interest (please select all that apply)

Discipline

Qualifying Examinations

Inquiries, Complaints & Reports

Qualifying Examination Appeals

Registration

Fitness to Practise

Quality Assurance

Patient Relations

Section 3: Statement of Interest

Please provide a brief description of your interest in serving on a College committee and the contributions you believe you would bring to this role.



Section 4: Desirable Skills, Experiences, or Expertise

The College seeks new committee member applicants who possess the following desirable skills, experiences, or expertise. Please indicate whether you have any of these qualifications:

Financial Literacy	Understanding of the Law/Legal Experience
Risk/Risk Management	Knowledge of Health Regulation in Ontario
Governance	Human Resources (HR) and Compensation
Leadership	Stakeholder Engagement
IT/Technology	

For each desired skill, experience, or area of expertise you possess, please provide a narrative, example, or description below that demonstrates these qualifications:

Section 5: Declaration

I agree that if appointed to a College committee I will abide by the [Regulated Health Professions Act](#), the [Denturism Act](#), and the [College By-Laws](#).

Signature

Date (mm/dd/yyyy)

Section 6: Form Submission

Please submit your completed form to: info@denturists-cdo.com