



Quality Assurance Peer and Practice Assessor Application Form

Contact Information

Last Name: First Name:

Registration #:

Email: Phone:

If reapplying, what year did you first become an assessor:

What other languages are you fluent in (besides English)?:

What are your travel parameters for in-person assessments (e.g., distance in km, travel time)?

Statement of Interest

Please indicate why you are interested in becoming a Peer and Practice Assessor.



Declarations

Please check all that apply:

- ☐ I am an actively practising denturist in the province of Ontario with a clinical caseload.
- ☐ I have practised denturism for a minimum of five (5) years.
- ☐ I am in compliance with the current Quality Assurance regulations, rules, and programs, including the Continuing Professional Development program.
- ☐ I am a member in good standing with the College of Denturists of Ontario (CDO). This means you:
 - Are not in default of payment if any fees with the CDO.
 - Are not in default with completing and returning any forms required by the CDO.
 - Are not the subject of any disciplinary or incapacity proceedings by the CDO.
 - Have not been the subject of disciplinary action or are involved in an unresolved investigation by the CDO or another professional body in the past three (3) years.
 - Have not had a finding of professional misconduct, incompetence, or incapacity against you in the past three (3) years.
 - Have not been disqualified from Council or a Committee at the CDO in the past three (3) years.
- ☐ I am currently not a member of the Quality Assurance Committee with the CDO.
- ☐ I do not hold an executive position with any professional association.
- ☐ I have undergone a Peer and Practice Assessment with the CDO.
- ☐ I am willing to undergo a Peer and Practice Assessment, if required.
- ☐ I will attend all required Peer and Practice Assessor training sessions.
- ☐ I have read the [Peer Assessor Eligibility and Appointments Policy](#) and confirm that I am able to participate for the full three (3)-year term.

I declare that the above statements are complete, true, and accurate.

Signature

Date (mm/dd/yyyy)

Please return your completed form along with your resume to: qualityassurance@denturists-cdo.com