



Application Form

Quality Assurance - Peer Assessor

Please complete all sections of this form and submit to the College along with a copy of your **resumé**.

Section 1: Personal Information

Preferred salutation: Pronouns Registration No.:

Last Name: First Name(s): Preferred Name(s):

Mailing Address: Unit/Suite:

City: Province: Postal Code:

Email:

Cell phone: Home phone: Fax:

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

Are you bi-lingual? (English/French) Yes No

Are you fluent in any other languages?

Section 2: Employment Information

Clinic Name:

Address: Unit/Suite:

City: Province: Postal Code:

Email:

Phone: Fax:



Section 3: Statement of Interest

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

Please indicate whether you prefer conducting in-person or remote assessments.

I prefer conducting in-person assessments only **

I prefer conducting remote assessments only

I will conduct either in-person or remote assessments as needed

**** Please indicate the parameters of where you are willing to travel to conduct in-person assessments, for example, distance in kilometers, time, etc..**



Section 4: Declarations

Please check all that apply:

1. I am an active practising denturist in the province of Ontario with a clinical caseload.
2. I have practised denturism for a minimum of 5 years.
3. I am in compliance with the current Quality Assurance regulations, rules and programs, including the Continuing Professional Development program.
4. I am a member in good standing with the CDO.

A member in good standing means that you:

- Are not in default of payment of any fees with the CDO
 - Are not in default in 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, in the past three years, a subject of disciplinary actions or an unresolved investigation by the CDO or any other professional body.
 - Have not had a finding of professional misconduct, incompetence or incapacity against you in the last 3 years.
 - Have not been disqualified from Council or Committee in the previous three years
5. I am not currently a member of the Quality Assurance Committee – Panel A with the CDO.
 6. I do not hold an executive position with a Professional Association.
 7. I have participated in a peer assessment or am willing to undergo an assessment if I have not previously participated in an assessment.
 8. I will attend the necessary Peer Assessor training sessions.
 9. I have read the [Peer Assessor Eligibility and Appointments Policy](#) and confirm that I am able to participate for the three-year term.

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

Signature

Date (mm/dd/yyyy)