



# Deputy Chief Examiner

## Application Form

### Contact Information

Last Name:  First Name:  Registration #:

Address:

City:  Province:  Postal Code:

Phone:  Email:

### Eligibility

Please review the Deputy Chief Examiner Roles & Responsibilities *before* submitting your application.

I have been a registered Denturist in a Canadian jurisdiction in the general active class, or equivalent, for the past five (5) years.
I am a member in good standing with the College of Denturists of Ontario (CDO).
I am not in default of payment of any fees prescribed by the College By-laws.
I am not in default of returning any required form or information to the College.
I am not the subject of any disciplinary or incapacity proceedings.
In the past five (5) years, I have not been the subject of any findings related to professional misconduct, incompetence, or incapacity.
In the past five (5) years, my Certificate of Registration has not been revoked or suspended for any reason other than non-payment of fees.
My Certificate of Registration is not currently subject to any terms, conditions, or limitations imposed by either the Discipline or Fitness to Practise Committee.
I do not currently hold or have not held in the preceding five (5) years, a position such as director, owner, board member, officer or employee, with any provincial or national Professional Association whose business is directed toward the profession of denturism.
I am not currently or have not been in the preceding five (5) years, involved in teaching denturism in an academic setting or bridging program or the training and/or assessment of professional skills of groups of students or candidates (e.g., professional practice labs, or other



small group sessions involving the use of standardized patients, role-playing scenarios or simulations).
I am not currently or have not been in the preceding five (5) years, involved in denturism program curriculum development.
I am not currently a member of the College Council, the Registration, Qualifying Examination, or Qualifying Examination Appeals Committee.
I have not been disqualified from Council or a Committee within the preceding five (5) years.
I am not a member of a council of any other College regulated under the RHPA.
I am not currently or have not been in the preceding five (5) years, an employee of the College.
I will declare, at the time of my application and throughout my appointment as Deputy Chief Examiner, any conflicts of interest and/or potential or perceived conflicts of interest.

### Declaration

I declare that the information contained in this form is accurate.

Signature

Date

**Please return your completed form, cover letter and CV to:**

**[exams@denturists-cdo.com](mailto:exams@denturists-cdo.com)**