





### Section 3: Language Fluency

Fluency in the oral health care education language of instruction is assumed.

**Please indicate the oral health care education language of instruction:**

English          French          Other

**Please indicate the languages in which you are fluent:**

English          French          Other

### Section 4: Fee Payment

**Initial Application Fee: \$84.75 (\$75 + HST).**

**Method of Payment:**

Certified Cheque/Money Order

Credit Card - Visa/MasterCard

If you are paying by Credit Card, please use **Form A3 - "Credit Card Payment Form"**

### Section 5: Authorization

I understand that the College of Denturists of Ontario and authorized individuals will contact any educational institution, assessment, examination or credentialing agency to obtain information that assists the College in determining whether my education, degree or diploma is equivalent to a diploma in denture therapy or denturism issued by George Brown College. I give my consent to any institution or agency to release such information to the College of Denturists of Ontario.

### Section 6: Declaration and Signature

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

**Signature**

**Date (mm/dd/yyyy)**

### Section 7: Form Submission

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

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

Subject Line: Qualifying Examination

**By Fax:** 416-925-6332

Attn: Qualifying Examination

**By Mail:**

Attn: Qualifying Examination  
College of Denturists of Ontario  
365 Bloor Street East, Suite 1606  
Toronto, ON M4W 3L4