

Qualifying Examination Initial Application Form

Individuals who wish to take the Qualifying Examination for the first time must submit this form, supporting documentation and payment prior to registering for the Qualifying Examination.

This form can be filled out electronically or by hand.

Section 1: Pe	ersonal In	formation					
1.a) Current Leo	gal Name						
Salutation:	Ms.	Mrs.	Mr.				
First Name:				Middle Name(s):	Middle Name(s):		
Last Name:							
1.b) Birth Date mm/dd/yyyy				1.0	1.c) Gender Female		
1.d) Home Address					Male Unspecified		
Address:					Unit/Suite:		
City:				Province:	Postal Code:		
Country:							
Phone:				Mobile:	Mobile:		
Email:							
Section 2: Ed	ducation I	nformatio	on				
Denturism Rela	ted Educati	on (attach a	additional shee	ets, if needed)			

Date Completed

Date Commenced

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 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