Qualifying Examination Assessor Application Form

*This form can be filled out **electronically** or by hand. Please review **QE: Assessor Eligibility & Selection Criteria** before submitting your form to the College.*

Section 1: Personal Information

Salutation: ◯ Ms. ◯ Mrs. ◯ Mr.

Last Name: First Name(s):

Mailing Address: Unit/Suite:

City: Province: Postal Code:

Email:

Phone: Fax:

Section 2: Eligibility and Declaration

Please check all that apply below.

☐ **r r r r o r or 5 r**

☐ 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
- Have demonstrated commitment to your own continuing professional development

☐ I am not currently a member of Council, the Registration Committee, the Qualifying Examination Committee or the Qualifying Examination Appeals Committee with the CDO.

☐ I do not hold an executive position with a professional association.

☐ I currently practice in a patient care environment providing denturist services full or part-time.

☐ I do not have immediate family or have a close associate who is a current or potential candidate.

☐ I have not been involved in the past three years in curriculum development or in the training and/or assessment of professional skills of groups of students or candidates (e.g. professional practice labs, bridging programs or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations).

☐ I have not been an instructor in a Denturism program within the last 3 years.

☐ I am not currently involved in examination preparatory activities such as developing or providing practice questions, practice exams, educational sessions or coaching any current or potential candidates.

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

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