



COLLEGE OF  
DENTURISTS  
OF ONTARIO

# Qualifying Examination Assessor

## Application Form

### Contact Information

Last Name:  First Name:  Registration #:

Address:

City:  Province:  Postal Code:

Phone:  Email:

### Eligibility

Please review the [QE: Assessor Eligibility & Selection Criteria](#) *before* submitting your application.

I have been a registered Denturist in a Canadian jurisdiction for the past five (5) years.

I am a member in good standing with the College of Denturists of Ontario (CDO).

I am not currently a member of the CDO Council or any of the following CDO Committees:  
Registration, Qualifying Examination or Qualifying Examination Appeals.

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 a close associate who is a current or potential candidate.

In the past three (3) years, I have not participated in curriculum development, training or assessing the professional skills of student or candidate groups (such as practice labs, bridging programs, or small group sessions using standardized patients, role-play, or simulations).

In the past three (3) years, I have not been an instructor in a Denturism program.

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



## Declaration

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

Signature

Date

**Please return your completed form to: [exams@denturists-cdo.com](mailto:exams@denturists-cdo.com)**