

# Graduates of Ontario Colleges Qualifying Examination Initial Application Checklist

To be completed by potential candidates who have successfully completed the denturism program at George Brown College, Oxford College or Georgian College.

The following are required for a Qualifying Examination Initial Application								
	Form A – QE Initial Application – completed and signed							
	A <b>notarized</b> copy of a valid government-issued identification; or							
	$\square$ A certified true copy of a valid government-issued identification made by College staff.							
	Two (2) signed/dated passport photos taken within the last 12 months.							
	Official transcripts have been requested and will be sent directly from my educational institution to the College. (This application remains incomplete until the College receives the requested transcripts)							
	Qualifying Examination Initial Application Fee payment of \$84.75							
	<ul> <li>Certified cheque or money order: payable to the College of Denturists of Ontario;</li> <li>or Credit Card: a completed Form A3 – QE Credit Card Payment Form</li> </ul>							

#### Include this checklist with your application

College of Denturists of Ontario Postmedia Place Attention: Qualifying Examination 365 Bloor Street East, Suite 1606 Toronto, Ontario M4W 3L4



## **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: Per	sonal Inf	ormation						
1.a) Current Lega	I Name							
Salutation:	Ms.	Mrs.	Mr.					
First Name:				Middl	le Name(s)	:		
Last Name:								
1.b) Birth Date					1	.c) Gender		
		mm/dd/yy	уу			Female		
4 d) Harris Addres						Male		
1.d) Home Addres	SS					Unspecified		
Address:						Unit/Suite:		
City:				Provinc	ce:	Postal Code:		
Country:								
Phone:				Mobile:				
Email:								
Section 2: Edu	ıcation lı	nformatio	on					
Denturism Relate	d Education	on (attach a	dditional sheet	ts, if needed)				
Name & Location of College/University			Diploma/[	Degree Course of S	Study	Date Commenced (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)	

#### **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



### **Qualifying Examination Credit Card Payment**

When paying by credit card, complete this form and submit it with your QE Initial Application Form or your QE Registration Form. Once payment has been processed and confirmed, this form will be securely destroyed. The College does not retain credit card information.

This form can be filled out electronically or by hand.

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Section	11:	Credit	Card	INT	orm	ation

Candidate's Full Name: Candidate's Number:

Initial QE Application Fee: \$75 + HST = \$84.75

Qualifying Examination Fee: QE Part I & Part II ----- \$4,000 + HST = \$4,520.00

QE Part I (only) -----\$ 900 + HST = \$ 904.00

QE Part II (only) ----- \$3,200 + HST = \$3,616.00

Credit Card Type: Visa MasterCard

Credit Card Number:

Card Validation Code (CVC):

(The three numbers on the back of the card)

Expiry Date:

(mm/yy)

Name on Card:

Signature of Cardholder:

Authorized Amount \$: (including HST)

Please Note: The College does not store credit card information. If additional charges are required, a new completed form will be required.

#### **Section 2: Authorization**

I hereby authorize the College of Denturists of Ontario to charge this credit card for the amount above.