

Graduates of Ontario Colleges Qualifying Examination Initial Application Checklist

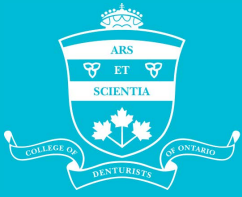
To be completed by potential candidates who have successfully completed the denturism program at George Brown College, Oxford College or Georgian College.

The following are required for a Qualifying Examination Initial Application

	Form A – QE Initial Application – completed and signed
	<input type="checkbox"/> A notarized copy of a valid government-issued identification; or
	<input type="checkbox"/> 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
	<input type="checkbox"/> Certified cheque or money order: payable to the College of Denturists of Ontario ;
	<input type="checkbox"/> or Credit Card: a completed Form A3 – QE Credit Card Payment Form

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 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.

Section 1: Credit Card Information

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.

Candidate's Signature

Date (mm/dd/yyyy)