



Resignation Form

Members who wish to resign their Certificate of Registration with the College of Denturists of Ontario (CDO) need to provide formal notification to the College. To process your resignation, complete this form and submit it to the CDO by email, fax, mail or in person. You will be notified once your resignation has been processed and the public register has been updated.

Please note, if members resign while under investigation a notation will be made on the public register.

Failure to renew or to formally resign by April 14th, may result in the suspension of your Certificate of Registration for non-payment of fees.

This form can be filled out **electronically** or by hand.

Section 1: Member's Information

1.a) Member's Name and Registration

Salutation: Ms. Mrs. Mr.

Certificate of Registration #:

Last Name:

First Name:

1.b) Member's Mailing Address

Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

Section 2: Reason for Resigning

Please provide your reason(s) for resigning your Certificate of Registration:

Retiring (no longer part of the labour force)

Leaving the country (leaving Canada for another country)

Leaving the province (leaving Ontario for another province in Canada)

Changing profession (leaving Denturism for another profession)

Other:



Section 3: Confirmation, Understanding, Declaration & Signature

3.a) Confirmation

Check off all items under Confirmation and Understanding:

I confirm the above information is correct

I wish to resign my Certificate of Registration with the College of Denturists of Ontario

3. b) Understanding

I understand that once my resignation is processed:

- I will no longer be authorized to practice denturism in Ontario
- I will no longer be authorized to use the title “Denturist”, a variation or abbreviation or an equivalent in another language.
- The public register on the CDO website will continue to indicate my registration history and that my status is now resigned.
- I am aware that, despite my resignation, I remain subject to the jurisdiction of the College of Denturists of Ontario in respect of my conduct while I was a registrant.
- My resignation will be effective the date I specified on this resignation form.
- I understand that, should I wish to become registered with the College of Denturists of Ontario again, I would be required to re-apply and meet all the registration requirements in place at the time of my re-application, including any qualifying examinations required.

Please indicate your last day of practice as a Denturist in Ontario:

mm/dd/yyyy

3. c) Declaration and Authorized Signature

I _____ declare, that I am resigning my Certificate of Registration with the College of
(Print Name)

Denturists of Ontario effective on the date the College receives my Declaration of Resignation.

I understand that after this date, in accordance with the legislation governing the College of Denturists of Ontario and its members, that I may not fit, dispense, design, construct, repair or alter a denture. In addition, I may not use the title “Denturist”, a variation or an abbreviation or equivalent in another language. I will not hold myself out as qualified to practice in Ontario as a Denturist.

Signature

Date (mm/dd/yyyy)

Section 4: Form Submission

The completed form can be submitted to the CDO by one of the following methods:

Email: registration@denturists-cdo.com

Subject Line: Resignation

Fax: 416-925-6332

Attn: Registration

Mail:

Attn: Registration

College of Denturists of Ontario

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