Unit/Suite:

Postal Code:



Letter of Standing Application Form

This form is used to obtain a Letter of Standing from the College of Denturists of Ontario. The College will process the application upon receipt of the completed form and the applicable fee. A new application form and payment is required for more than one Letter of Standing. The College will not issue more than one Letter of Standing per application.

The Letter of Standing will be issued directly to the attended recipient. Please indicate the recipient's name (person(s)/employee(s)/board(s)/college(s) etc.), the address and the contact number to where the College can issue the Letter of Standing. Failure to do so may result in a delay.

Please note the standard processing time for a Letter of Standing is 1-2 weeks.

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

Section 1: Member's Information

(as per the College's Public Register)

Salutation:	Ms.	Mrs.	Mr.	Certificate of Registration #:
Last Name:				First Name(s):

Email:

Address:

City:

Phone: Fax:

Section 2: Consent to Release Information

Release Information to:

IMPORTANT: The information requested can only be given to an organization after the College receives this form signed and dated by the Member, witnessed, and the form is accompanied by applicable fee.

Province:

I, , hereby consent to the release of all information to: (Member's Name – Please Print)

Section 2: Consent to Release Information Cont'd

The following Recipient (Person/Employee/Board Etc.):		
Recipient:		
Address:		Unit/Suite:
City:	Province:	Postal Code:
Email:		
Phone:	Fax:	
pertaining to me obtaining a Letter of Standing in addition to cl subsequent registration applications from the College of Dentu pertaining to my licensure as a Denturist, including; continuing discipline, complaints and hearings.	irists of Ontario. Thi	is includes all information
Section 3: Declaration and Signatures		
3. a) Member's Authorized Signature		
By signing below, I am indicating my intention to apply for a let Ontario, and I have verified the above information to be correct		the College of Denturists of
Member's Signature	Date (mm/dd/yyyy)	
3. b) Witnesses Information and Authorized Signature		
Last Name:	First Name:	
Address:		Unit/Suite:
City:	Province:	Postal Code:
Email:		
Phone:	Fax:	
Witness' Signature	Date (mm/d	d/yyyy)

Section 4: Payment Information

Payment amount to process your application: \$44.25 + \$5.75 HST = \$50.00

Method of payment: Cheque/Money Order - payable to the College of Denturists of Ontario

Credit Card - Visa/MasterCard

If you are paying by Credit Card, please use FORM E4 - "Credit Card Payment Form"

Section 5: Form Submission

The completed form and payment can be submitted to the College by one of the following methods:

Email: registration@denturists-cdo.com Mail:

Subject Line: Registration Attn: Registration

College of Denturists of Ontario

Fax: 416-925-6332
Attn: Registration

College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

inii. Registration

Your application will be processed when all documents and payment have been received.