



Retired Status Application Form

Individuals who resign their Certificate of Registration may apply to use the honorary title "Denturist (Retired)", "Registered Denturist (Retired)" or "DD (Ret)" by completing this application form and submitting it to the College of Denturists of Ontario along with the application fee. You will be notified once your application form has been processed and your status has been updated on the public register.

If you are filling the form out by hand **please print clearly**.

Section 1: Member's Information

1.a) Identification

Salutation: **Ms.** **Mrs.** **Mr.**

Last Name:

First Name:

Certificate of Registration #:

1.b) Mailing Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Section 2: Declarations

- I am retired from the practice of Denturism.
- I agree not to engage in the practice of Denturism

I understand that:

- My name will remain on the public register as a Retired Member;
- I may participate in the activities of the College, as determined by Council; and
- I may use the title Denturist (Retired), Registered Denturist (Retired) or DD (Ret).

I understand that my Retired membership status will be terminated if I:

- Have been found in default of any obligation to the College under the regulations or by-laws;
- Practice the profession or use the protected title without first obtaining a Certificate of Registration from the College; and/or
- Otherwise act in a manner that is inconsistent with an ongoing association with the College.



Section 3: Signature

The information contained in this application is accurate and true to the best of my knowledge.

Signature of Resigned Member

Date

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: Retired Status Application

Fax: 416-925-6332
Attn: Registration

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