



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



Retired Status Application - Credit Card Payment Form

If you wish to make a payment by credit card, please complete this form and submit it to the CDO. Once payment has been processed and cleared, this form will be securely destroyed. The CDO does not retain credit card information.

If you choose to fill this form out by hand **please print clearly**.

Section 1: Credit Card Information

Full Name:

Certificate of Registration Number:

Application Fee: \$50 + HST = \$56.50

Credit Card Type: Visa MasterCard

Credit Card Number:

Card Validation Code (CVC):
(The three numbers behind the card)

Expiry Date:
(mm/yyyy)

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 form will be completed and submitted.

Section 2: Declaration

I certify that all information above is complete and accurate.

I hereby authorize the College of Denturists of Ontario (CDO) to charge this credit card for the amount listed above in "Authorized Amount".

Cardholder Signature

Date