



Quality Assurance Extension Request Form

Please complete this form and return it to the College 30 days prior to the deadline for which you are requesting an extension. This form can be filled out electronically or by hand. To fill it out electronically, please download it to your device first.

Section 1: Registrant Name and Contact Information

First Name:

Last Name:

Certificate of Registration number:

Email:

Phone:

Section 2: Please indicate for which area you are requesting an extension and provide an explanation in the space provided

- I am requesting a deadline extension on the **CPD requirement**
- I am requesting an extension on my **Peer & Practice Assessment**
- Other

Please return this form to the College by one of the following methods:

Email: qualityassurance@denturists-cdo.com

Fax: 416-925-6332

Mail:

Attn: Quality Assurance

College of Denturists of Ontario

365 Bloor Street East, Suite 1606

Toronto, ON, M4W 3L4