



Self-Reporting Form

Denturists are required to disclose to the CDO any findings of professional negligence or malpractice and any findings of guilt for criminal offences. They are also required to disclose if a proceeding for professional misconduct, incompetency or incapacity has commenced. These matters must be disclosed within 15 days of the occurrence. Denturists can not wait until filling out the College's annual membership renewal form to disclose this information. It may be considered an act of professional misconduct to not comply with these reporting requirements.

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

Section 1: Personal Information

Salutation: Ms. Mrs. Mr.

Certificate of Registration No.:

Last Name:

First Name:

Home Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Fax:

Section 2: Incident Information

Please complete one of the following sections: (Note: Information about proceedings or findings with the College of Denturists of Ontario need not be reported.)

WARNING: When completing this form, do not report any information that violates a publication ban.

2.a) Offences

Nature of Offence:

Description of Offence (e.g. "I was found guilty of theft under \$5,000 for shoplifting items valued at \$500).

Date of Charge:

(mm/dd/yyyy)

Finding of Guilt (if applicable):

(mm/dd/yyyy)

Sentence:



2.a) Offences cont'd

Description of any Bail Conditions:

Court:

Trial Location:

Is the finding of guilt under Appeal? Yes No

Appeal Status (Note: If there is a change in the finding as a result of an appeal, you must file an amended report.):

2.b) Professional Misconduct, Incompetency or Incapacity Proceedings/Findings

Name of Regulatory Body:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Date of Proceeding:

(mm/dd/yyyy)

Date of Finding (if applicable):

(mm/dd/yyyy)

Outcome (if known):

Regulatory Body Contact Person:

Is the finding under Appeal? Yes No

Appeal Status (Note: If there is a change in the finding as a result of an appeal, you must file an amended report):



2.c) Finding(s) of Professional Negligence and/or Malpractice

Description :

Date of Finding:

(mm/dd/yyyy)

Court:

Trial Location:

Is the finding of guilt under Appeal? Yes No

Appeal Status (Note: If there is a change in the finding as a result of an appeal, you must file an amended report.):

2.d) Additional Information

Please provide additional information. You may attach additional sheets as necessary.

Signature

Date (mm/dd/yyyy)

Section 3: Form Submission

Submit the completed form to the College by one of the following methods:

By Email: registration@denturists-cdo.com

Subject Line: Self-Reporting

By Fax: 416-925-6332

Attn: Registration

By Mail:

Attn: Registration

College of Denturists of Ontario

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