

College of Denturists of Ontario

2012 QUALIFYING EXAMINATION EXAMINER APPLICATION

Please complete the all sections of the following application. Please submit the following documents:

Resume or Professional Portfolio

)	FRSONAL	INFORMATION	
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Last Name		First Name	Ν	Aiddle
License Number	Date Issued	Expiry Date	Issuing Province N	Number of Years Practicing
Address		City	Province F	Postal Code
Phone #	Alt. Phone #	Email Address		
EMPLOYMENT INF	ORMATION			
Employer Name		Position Title	Employmen	t Date
Employment Address		City/Province	Postal Code	
Work Phone #		Work Fax #	Work Email Address	
PROFESSIONAL EX List your three mo		neld. Do not state "See CV."		
ORGANIZATION/EM		POSITION/TITLE	DESCRIPTION OF DUTIES	DATES OF EMPLOYMENT
	-			

DUCATION 10 not state "See CV."			
INSTITUTION	DEGREE/DIPLOMA	YEAR COMPLETED	

RELATED EXPERIENCE

WHY DO YOU FEEL YOU WOULD BE A QUALIFIED EXAMINER?

DECLARATIONS		
I am an active practicing denturist in the province of Ontario.	□ YES	□ NO
I have practiced denturism for a minimum of 10 years in Canada.	□ YES	□ NO
I have never had a finding of professional misconduct, incompetence, or incapacity against me by any professional regulator either inside or outside of Ontario, including by the College of Denturists of Ontario.	□ YES	□ NO
In the past year, I have not had any proceeding been commenced against me for professional misconduct, incompetence or incapacity or similar conduct by any professional regulator either inside or outside of Ontario, including by the College of Denturists of Ontario.	□ YES	□ NO
My license with a professional regulatory body, including the College of Denturists of Ontario, has never been suspended or revoked.	□ YES	□ NO

I have been denied registration or licensure with any professional regulatory body to which I have applied.	□ YES	□ NO
I have never voluntarily cancelled my registration or surrendered my license with a professional regulatory body before its expiration.	□ YES	□ NO
I do not have any family members currently enrolled in a Denturism program in Ontario.	□ YES	□ NO
I will attend the MANDATORY examiner training session put on by the College of Denturists of Ontario.	□ YES	□ NO
I will represent the College of Denturists of Ontario in a professional manner.	□ YES	□ NO

I declare/hereby certify that the statements made by me on this form are complete and correct to the best of my knowledge. I understand that making a false or misleading statement or representation to the College may be considered professional misconduct.

Volunteering for an Examiner position requires the following commitments:

- 1. Attend all scheduled meetings and successfully complete the mandatory training session.
- 2. Sign and agree to all terms outlined in the College Examination, Security, Confidentiality and No-Conflict of Interest Agreement once application is accepted.
- 3. Additional commitments may be required if necessary.

If selected and appointed, I agree to serve:

Signature

Date

Applications can be faxed to the college at 416-925-6331 or sent via email to lellis@denturists-cdo.com

PLEASE CHECK OFF THE DAYS YOU ARE AVAILABLE

Time	Details	Location
7:15am - 5:30pm	Project A, B & C	George Brown College, Toronto
11:30am - 4:00pm	Patient Screening	George Brown College, Toronto
9:30am - 4:00pm	Project Marking	CDO Office, Toronto
9:30am - 4:00pm	Project Marking	CDO Office, Toronto
9:30am - 4:00pm	Project Marking	CDO Office, Toronto
7:15am - 5:30pm	Project D	George Brown College, Toronto
7:15am - 5:30pm	Project D	George Brown College, Toronto
7:15am - 5:30pm	Project D	George Brown College, Toronto
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