

GENERAL BYLAWS
BYLAW 17-07
PURSUANT TO
THE DENTAL ASSOCIATION ACT
THE MANITOBA DENTAL ASSOCIATION

A by-law to provide for the classes of registration and licensure with the Manitoba Dental Association (MDA).

REGISTRATION AND LICENSURE

There are ten classes of registration and/or licensure available within the MDA. These are: General Practitioner, Specialist, Associate, Dentist Educator, Continuing Education Course Participant, Life Membership, Academic Affiliate, Student, Charitable Purposes, and Honorary.

PART 1

- 1) General Practitioner Member
 - a) In order to be registered as a General Practitioner Member, an applicant must meet the qualifications hereinafter described in sub-paragraph (b), complete an Application to Practice Dentistry in Manitoba (Schedules "A", "B" and "C") and, upon being accepted, pay the appropriate fee determined by the Board of Directors of the MDA (the "Board").
 - b) Further to Sub-sections 14(1) (a), (b) and (e) of *The Dental Association Act*, at the time of application for registration, an applicant must provide satisfactory evidence that he/she:
 - i) is a graduate of a dental education program that is accredited by either the Commission on Dental Accreditation of Canada ("CDAC") or the Commission on Dental Accreditation of the American Dental Association ("CODA/ADA");
 - ii) has the Certificate from the National Dental Examining Board of Canada ("NDEB Certificate") indicating successful completion of its examination; and

- iii) has practiced dentistry:
 - (1) continuously since the issuance of the NDEB Certificate; or
 - (2) in each of the previous 5 years in any jurisdiction under valid legislation and license of that jurisdiction and is not currently the subject of disciplinary proceedings in any jurisdiction.
- c) The Registrar may accept the NDEB Certificate without evidence of practice referred to in paragraph 2(b)(iii) if, in the Registrar's opinion, it is of such recent date as to indicate reasonable proof of the person's qualifications.
- d) A Licensed General Practitioner Member is one who is registered with the MDA, and:
 - (i) is in good standing;
 - (ii) pays the annual license fee determined by the Board;
 - (iii) provides evidence that he/she and/or his/her dental corporation is carrying professional liability insurance in an amount of not less than \$3,000,000.00 per claim under the malpractice plan of the Canadian Dental Association ("CDA") as Master Policy Holder, which plan is administered by Canadian Dental Services Plans Inc. ("CDSPI");
 - (iv) has satisfactorily completed and provided to the Registrar an annual application for license in the form set forth at Schedule D-1; and
 - (v) has been issued an annual license.
- e) Upon receipt of an application to practice as a General Practitioner, evidence of qualification described in paragraph 1(b) and satisfaction of conditions described in paragraph 1(d) including payment of the prescribed registration and license fee, the Registrar shall:
 - (i) issue to a qualified applicant an annual license in form set out in Schedule "D-2" to this by-law; and
 - (ii) place in the member's file, a copy of the proof of qualifications.

- f) In the event that the NDEB Certificate issued to a person is cancelled for any reason by the NDEB, the registration and license issued by the MDA to that person shall immediately be cancelled.
- g) Any General Practitioner who holds a General Practitioner Certificate of the MDA at the time that this by-law comes into force will continue to be recognized as a General Practitioner without further qualification.
- h) The registration fee for a General Practitioner is payable only at the time of initial registration as a General Practitioner and is in addition to the fee for an annual license. In every year thereafter a General Practitioner shall pay only the prescribed fee for the annual license to practice.
- i) No General Practitioner shall describe or hold himself/herself out as a Specialist, or as being specially qualified in any particular field of dentistry, unless he/she is registered as a Specialist and is the holder of a Specialist's Certificate as hereinafter set forth.
- j) If the Registrar determines that a member who is registered as a General Practitioner is not qualified to be so registered, or has been disqualified since registration, the Registrar shall remove that person's General Practitioner designation from the register. Any member so affected may appeal the decision of the Registrar to the Board.

2) Specialist

- a) A Specialist in dentistry is one who practices in at least one of the following specialties:
 - Endodontics;
 - Oral & Maxillofacial Radiology;
 - Oral & Maxillofacial Surgery;
 - Oral Medicine;
 - Oral Pathology;
 - Orthodontics;
 - Pediatric Dentistry;
 - Periodontics;
 - Prosthodontics;
 - Public Health Dentistry;

and meets the requirements to register and license as a Specialist, completes an Application for Registration as a Specialist and, upon being accepted, pays the appropriate specialist registration fee.

- b) Registration of Specialist Member

- i) In order to be registered as a Specialist Member, an applicant must meet the qualifications hereinafter described in sub-paragraph (ii), complete an Application to Practice Dentistry in Manitoba (Schedules “A” and “E”) and, upon being accepted, pay the appropriate fee determined by the Board.
 - ii) Further to Sub-sections 14(1) (a), (b) and (e) of *The Dental Association Act*, at the time of application for registration, an applicant must provide satisfactory evidence that he/she:
 - (1) is a graduate of a post-graduate program accredited by the CDAC or CODA/ADA; or
 - (2) holds a Certificate of Completion/Equivalency from a post-graduate program accredited by CDAC; and
 - (3) has satisfactorily passed the National Dental Specialty Exam (“NDSE”) offered by the Royal College of Dentists of Canada (RCDC), in his/her field or specialization; and
 - (4) has practised his/her specialty;
 - a) continuously since the issuance of the NDSE Certificate; or
 - b) in each of the previous 5 years in any jurisdiction under valid legislation and licence of that jurisdiction and is not currently the subject of disciplinary proceedings in any jurisdiction;
 - iii) The Registrar may accept evidence of passing the NDSE without evidence of practice if, in the Registrar’s opinion, it is of such recent date to indicate reasonable proof of the person’s qualifications;
- c) A Licensed Specialist Member is one who is registered with the MDA, and:
- i) is in good standing;
 - ii) pays the annual license fee determined by the Board;
 - iii) provides evidence that he/she and/or his/her dental corporation is carrying professional liability insurance in an amount of not less than \$3,000,000.00 per claim under the malpractice plan of the CDA as Master Policy Holder, which plan is administered CDSPI;

- iv) has satisfactorily completed and provided to the Registrar an annual application for license in the form set forth at Schedule F-1; and
 - v) has been issued an annual license.
- d) Upon receipt of an application to practice as a Specialist, evidence of qualification described in paragraph 2(b) and satisfaction of conditions described in paragraph 2(c), including payment of the prescribed registration and license fee, the Registrar shall:
- i) issue to a qualified applicant an annual license in form set out in Schedule "F-2" to this by-law;
 - ii) enter in the Register, opposite the name of the member, particulars of the field or fields of specialization; and
 - iii) place in the member's file, a copy of the proof of qualifications.
- e) Any Specialist who holds a Specialist's Certificate of the MDA at the time that his by-law comes into force will continue to be recognized as a Specialist without further qualification.
- f) The registration fee for Specialists is payable only at the time of initial registration as a Specialist and is in addition to the fee for an annual license. In every year thereafter a specialist shall pay only the prescribed fee for the annual license to practice.
- g) No member of the MDA shall describe or hold himself/herself out as a Specialist, or as being specially qualified in any particular field of dentistry, unless he/she is registered as a Specialist Member and is the holder of a Specialist's Certificate.
- h) If the Registrar determines that a member who is registered as a Specialist is not qualified to be so registered, or has been disqualified since registration, the Registrar shall remove that person's Specialist designation from the register. Any Specialist affected may appeal the decision of the Registrar to the Board.
- i) A Specialist cannot practice general dentistry while he/she is registered and licensed as a Specialist.
- j) A Specialist who wants to return to general practice may do so by providing written notification to the Registrar and, if his/her NDEB Certificate is more than five years old, he/she must successfully complete a refresher course in general practice that is satisfactory to the Registrar.

- k) A Specialist who has returned to general practice, and is only in the first year of his/her general practice may, upon written notification to the Registrar, be re-certified as a Specialist and return to his/her Specialist practice within that year.
 - l) A Specialist, who has been in general practice for more than one year and desires to be re-certified as a Specialist, must submit written evidence to the Registrar of having successfully completed the NDSE in his/her field of specialization within the five years immediately prior to the date of application for re-certification. If the Specialist has not been certified as a Specialist for more than 5 years, he/she will need to successfully take the NDSE again.
- 3) A licensed General Practitioner Member and a licensed Specialist Member are entitled to full membership within the MDA and have all of the rights and privileges and responsibilities of membership in the MDA as described in The Dental Association Act and Bylaws.

PART 2

1) Special Memberships

The MDA offers the following special memberships within its organization. They are:

- Associate Member
- Dentist Educator Member
- Continuing Education Course Participant Member
- Life Member
- Academic Affiliate Member
- Student Member
- Charitable Purposes Member
- Honorary Member

The special memberships listed above entitle the holder to the rights and privileges set out in Part 2, and no more.

2) Associate

a) An Associate Member is one who:

- i) is registered but does not require an annual license because he/she does not practice in Manitoba or has retired from practice; and

- ii) has applied to the Registrar for Associate standing; and
 - iii) upon acceptance by the Registrar as an Associate Member, pays the appropriate annual fee as determined by the Board.
 - b) An Associate member has the right to receive all of the mailings of the MDA, to attend the Annual Meeting upon payment of the appropriate fee and to speak at the Annual Meeting when recognized by the Chair. He/she has no right to vote.
- 3) Dentist Educator
- a) A Dentist Educator is one who:
 - i) possesses a degree in dentistry from a university based formal dental program; and
 - ii) in the opinion of the Board possesses particular academic, educational or clinical skills that have application to members of the MDA; and
 - iii) has paid the registration fee.
 - b) The Registrar may register a Dentist Educator on a temporary basis for such time and on such conditions as the Board in its sole discretion may decide, for the sole and exclusive purpose of enabling the Dentist Educator to conduct a teaching or educational program and/or to provide special assistance or training to other members of the MDA.
 - c) Upon registration and payment of the prescribed licence fee, a licence shall be issued in the form set forth in Schedule "G".
 - d) The Board may specify such fees that the applicant must pay and may require such documentation from an applicant to be a Dentist Educator so as to be reasonably satisfied that he/she possesses the qualifications and special skills required for such purposes.
 - e) Without restricting the generality of the foregoing, each applicant to be a Dentist Educator must provide evidence of current licensure in good standing in another jurisdiction in the field of practice in which he/she is currently practicing and evidence of professional liability insurance valid in Manitoba for the duration of the program.
 - f) A Dentist Educator cannot charge a fee for the performance of any procedure within the scope of practice of dentistry. Any educational

institution employing the Dentist Educator may charge fees for services provided by the Dentist Educator.

- g) Subject to the restrictions hereinbefore set forth, a licensed Dentist Educator has all of the rights, privileges and responsibilities of a licensed dentist for the duration of the teaching/education program for which registration was granted.

4) Continuing Education Course Participant

- a) The requirements for a license for a member not currently licensed in Manitoba to attend a continuation education course of short duration are:
 - i) the Continuing Education Course Participant must be registered and licensed to practice dentistry in another jurisdiction without restriction or condition on his/her registration or license;
 - ii) the Continuing Education Course Participant is registered to take a clinical course providing patient treatment sponsored by the Faculty of Dentistry at the University of Manitoba ("Faculty of Dentistry"), a public hospital in Manitoba, or any other body approved by the Board to sponsor courses;
 - iii) the Continuing Education Course Participant is able to provide to the Registrar a written undertaking from a licensed member under Part 1 of this bylaw in a form satisfactory to the Registrar, wherein the licensed member agrees to provide any necessary follow up care which may be required for a patient as a result of any treatment performed during the course by the Continuing Education Course Participant.
- b) A Continuing Education Course Participant license (Schedule "H") is subject to the following terms, conditions and limitations:
 - i) the Continuing Education Course Participant may engage in the practice of dentistry only as required for the course for which the license was issued;
 - ii) the Continuing Education Course Participant must provide evidence of satisfactory professional liability insurance valid in Manitoba for the duration of the course;
 - iii) the Continuing Education Course Participant may engage in the practice of dentistry only under the direct supervision of a licensed member under Part 1 of this bylaw;

- iv) the course being attended must be of a duration of fourteen days or less;
- v) an expiry date shall be specified on the license which shall be one day after the day upon which the course is scheduled to end and the license automatically expires on that date;
- vi) no fee may be charged for the performance of any procedure within the scope of practice of dentistry.
- vii) The Continuing Education Course Participant has all of the responsibilities as a licensed member under Part One of this bylaw for the duration of the course which is being attended. The Continuing Education Course Participant has none of the rights and privileges afforded to a member of the Association.

5) Life Member

- a) Any member who has been recognized as a Life Member up to and including January 26, 2006, will continue to receive a reduction in his/her license fee for the balance of time that he/she continues to practice.
- b) After January 26, 2006, the MDA will recognize as a Life Member any member who is 65 years of age and has practiced in Manitoba for 35 years or more. But any such Life Member who continues to practice dentistry will not receive a fee reduction.
- c) A Life Member who is practising dentistry has all of the rights, privileges and responsibilities as a licensed member under Part One hereof. A Life Member who has retired from practise has the same rights and privileges as an Associate Member.

6) Academic Affiliate

- a) An Academic Affiliate shall:
 - i) have a full time academic appointment at the Faculty of Dentistry;
 - ii) apply to the Registrar for Academic Affiliate registration and license;
 - iii) pay, upon acceptance, the registration fee and the annual license fee for Academic Affiliates;
 - iv) provide evidence of liability insurance of a form, nature and amount satisfactory to the Registrar.

- b) It is a condition precedent for the issuance of an Academic Affiliate license (Schedule "I-1" and "I-2") to any member of the Faculty of Dentistry that:
 - i) the Registrar of the MDA, or his/her designate, be a member of the Selection Committee for academic appointments to the Faculty of Dentistry; and
 - ii) a representative chosen by the MDA be granted status to the Selection Committee for academic appointments when a candidate is being considered to be a member of the Faculty of Dentistry.
- c) There are two kinds of Academic Affiliates, namely:
 - i) Academic Affiliate - General;
 - ii) Academic Affiliate - Specialist.
- d) Registration and licensure of an Academic Affiliate General is subject to the following terms, conditions and limitations:
 - i) the Academic Affiliate must be a graduate in dentistry from a post-secondary educational institution acceptable to the Faculty of Dentistry;
 - ii) until such time as the Academic Affiliate takes and successfully passes the NDEB examination as hereinafter set forth, the Academic Affiliate may practice only under the supervision of a Licensed General Practitioner ("the Supervisor");
 - iii) if the Supervisor is not on site when the Academic Affiliate is performing a dental procedure on a patient, the Supervisor must be available for consultation;
 - iv) the Academic Affiliate must wait one year before requesting the MDA request the NDEB examine him/her;
 - v) the Academic Affiliate must pass the NDEB examination within 5 years of his/her appointment to the Faculty of Dentistry, even if he/she is not eligible to obtain the NDEB Certificate;
 - vi) if the Academic Affiliate successfully passes the NDEB examination, he/she will be eligible to be registered as a General Practitioner Member of the MDA;

- vii) if the Academic Affiliate does not successfully pass the NDEB examination within 5 years, he/she shall not be eligible to continue to be licensed as an Academic Affiliate; and
 - viii) at the time of the application for membership, an applicant, to be an Academic Affiliate-General Practice must agree in writing that he/she is aware of paragraphs (i), (ii), (iii), (iv), (v) and (vi) aforesaid and accepts those terms, conditions and limitations.
- e) Membership and licensure of an Academic Affiliate-Specialist is subject to the following terms and conditions:
- i) the Academic Affiliate must have a degree in dentistry from a post-secondary educational institution and have completed a post-graduate program in his/her specialty, which specialty program must be acceptable to the Faculty of Dentistry;
 - ii) until such time as the Academic Affiliate takes and successfully passes the NDSE in his/her field of specialization as hereinafter set forth, the Academic Affiliate may practice only under the supervision of a Licensed Specialist Member (“the Supervising Specialist”) in the field of specialization of the Licensed Specialist Member;
 - iii) if the Supervising Specialist is not on site where the Academic Affiliate is performing a dental procedure on a patient, the Supervising Specialist must be available for consultation;
 - iv) the Academic Affiliate must wait one year before requesting the MDA request the RCDC examine him/her in their area of specialization;
 - v) the Academic Affiliate must pass the NDSE in his/her field of specialization within 5 years of his/her appointment to the Faculty of Dentistry;
 - vi) before passing the NDSE, the Academic Affiliate may not announce that his/her practice is limited to a field of specialization or that he/she is a Licensed Specialist Member, but may indicate that he/she has a specific area of interest in dentistry;
 - vii) if the Academic Affiliate successfully passes the NDSE, he/she will be eligible to be a Licensed Specialist member of the MDA;

- viii) if the Academic Affiliate does not successfully pass the NDSE within 5 years, he/she shall not be eligible to continue to be licensed as an Academic Affiliate-Specialist; and
 - ix) at the time of the application for membership, an applicant to be an Academic Affiliate-Specialist must agree in writing that he/she is aware of paragraphs (ii), (iii), (iv), (v), (vi) and (vii) aforesaid and accepts those terms, conditions and limitations.
- f) upon fulfilling the requirements of Section 6 (a) and (b) hereof, the Academic Affiliate has all of the rights, privileges and responsibilities of a Licensed General Practitioner Member or Licensed Specialist Member (as the case may be) for the period covered by the licence.
- 7) Student
- a) Subject to any other provision in the by-laws, a student enrolled in an accredited post-graduate program at the Faculty of Dentistry, whether as an intern or resident, may be a Student Member and be issued a Student Member license (Schedule "J") to practice dentistry if:
 - i) the applicant has a degree from an accredited program in dentistry or has completed a non-accredited course in dental studies of at least four years duration at a university based dental program acceptable to the Faculty of Dentistry at the University of Manitoba; and
 - ii) In the case of an Intern Student Member, he/she has completed the Hospital Dental Internship Agreement (Schedule "K") and paid the appropriate fee determined by the Board; or
 - iii) In the case of a Resident Student Member, he/she has provided evidence of acceptance into an accredited post-graduate specialty program and paid the appropriate fee determined by the Board.
 - b) A Student Member license is subject to the following terms, conditions and limitations:
 - i) it is automatically revoked when the student is no longer an intern or resident;
 - ii) the Student Member may practice only under the supervision of a member of the Faculty of Dentistry/Hospital, who is instructing in the post-graduate program, and who is himself/herself licensed to practice in the relevant field of practice;

- iii) if the Faculty/Hospital member is not on site where a Student Member is performing a dental procedure on a patient, the Faculty/Hospital member must be available for immediate personal consultation and, if necessary, be able to attend upon the patient being treated within one hour;
 - iv) a Student Member may practice only within the scope of the internship/residency program in which he/she is enrolled;
 - v) a Student Member may not charge a fee for any services provided. This condition shall not prohibit the Faculty of Dentistry or any hospital facility with whom the Student Member is associated from charging a fee for any services provided;
 - vi) a Student Member may be permitted by the Faculty of Dentistry to teach and/or supervise under-graduate students who are enrolled in the Faculty of Dentistry.
- c) A Student Member has the right to receive all of the mailings of the MDA, to attend the Annual Meetings upon payment of the appropriate fee and to speak at the Annual Meeting when recognized by the Chair. He/She has no right to vote.
- 8) Charitable Purposes Member
- a) A person who is not currently a member of the MDA may be issued a charitable purposes license and be known as a Charitable Purposes Member if that person satisfies the following criteria, namely:
 - i) The Applicant has held a General Practice or Specialist license with the MDA sometime in the previous three years and was a member in good standing and continues to be without any outstanding disciplinary reviews; or
 - ii) the Applicant is registered and licensed to practice dentistry in another jurisdiction without restriction or condition on her/his registration or license and without any outstanding disciplinary reviews;
 - iii) the Applicant has provided a written overview, specifying the programmes and extent of services the member plans to provide under this category, and which programme has been approved in writing by the Registrar.
 - b) The charitable purpose license shall be subject to the following terms, conditions, and limitations:

- i) the Charitable Purposes Member may engage in the practice of dentistry only as required for the volunteer purposes for which the license was issued;
- ii) the Charitable Purposes Member must provide evidence of satisfactory professional liability insurance valid in Manitoba for the time providing service;
- iii) the Charitable Purposes Member is subject to the same disciplinary process as a General Practice or Specialist Member for services provided under this license;
- iv) the duration of the license shall be specified on the license and the license will not be valid outside of those times;
- v) no fee may be received by the Charitable Purposes Member for the performance of any procedures within the scope of practice of dentistry. Compensation for the Charitable Purposes Member is limited to the direct expenses of meals, transportation and lodging.

9) Honorary Member

- a) An Honorary Member of the MDA is a person who is not a member in the foregoing classes and who the Board, in its discretion, decides is deserving of an Honorary Membership.
- b) An Honorary Member shall have only the rights and privileges that the Board in its discretion decides to grant to that particular Honorary Member.

By-laws: 17.05 and 29.02 of the Manitoba Dental Association are hereby repealed.

DONE and PASSED by the Board of Directors of the Manitoba Dental Association at Winnipeg, in Manitoba this 29th day of May, AD 2008.

President

Secretary

This by-law will become effective on the 15th day of December, 2008, unless 10 members request, in writing, its ratification at a general meeting of the Association (Section 43(2) of *The Dental Association Act*).

Attached: Schedules "A", "B", "C", "D-1", "D-2", "E", "F-1", "F-2", "G", "H", "I-1", "I-2", "J" and "K".

SCHEDULE "A"

APPLICATION TO PRACTICE DENTISTRY IN MANITOBA

PERSONAL

 LAST NAME GIVEN NAMES (Underline one commonly used)

 HOME ADDRESS (Street) Suite

 City Province/State Postal Code

(_____) _____ (_____) _____ _____
 Telephone Fax Email

 BUSINESS ADDRESS (Street) Suite

 City Province/State Postal Code

(_____) _____ (_____) _____ _____
 Telephone Fax Email

(Year) _____ (Month) _____ (Day) _____
 DATE OF BIRTH Place of Birth (including country)

Gender: Male _____ Female _____ Fluent in: English _____ French _____

Are you a Canadian citizen or permanent resident of Canada? Yes _____ No _____

Citizenship: _____

If "yes" please provide a certified copy of your birth certificate, citizenship card or proof of permanent residency status.

If "no" please provide details of your current citizenship and a certified copy of the authorization issued by Immigration Canada which permits you to engage in the practice of dentistry in Canada.

 Is your name now different from the one on your Degree? Yes _____ No _____

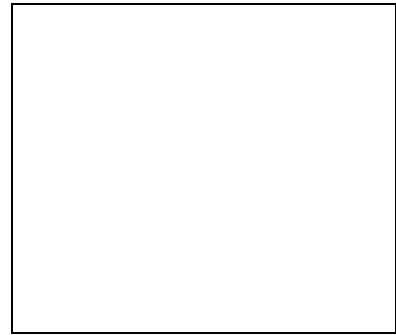
If "yes" please provide details: _____

Date of Name Change: _____ Location: _____

Please provide a certified copy of a legal document certifying name change (i.e. Marriage Certificate, Legal Name Change Decree, etc.)

PASSPORT

Please paste a passport-sized photo taken within the past twelve months and sign below:



Signature

UNDER-GRADUATE DENTAL EDUCATION

Name of University	Diploma/Degree	Year Started	Year Completed

Please provide an original letter from the Dean or his/her designate and a certified photocopy of your degree certifying your graduation in dentistry. NOTE: If reinstating it is not necessary to forward this information again.

National Dental Examining Board CERTIFICATE

Do you have the certificate issued by the National Dental Examining Board of Canada (NDEB)?

Yes _____ No _____

If "yes" please provide a certified copy.

POST-GRADUATE DENTAL EDUCATION

Name of University	Diploma/Degree	Year Started	Year Completed

Please provide an original letter from the Dean or Director of post-graduate studies or his/her designate and a certified photocopy of your diploma certifying your graduation in your post-graduate dental program.

National Dental Specialty Examination (NDSE) provided by the Royal College of Dentists of Canada (RCDC)?

Yes _____ No _____ Date _____

If "yes" please have the RCDC forward a letter to the MDA verifying your successful completion.

CONTINUITY OF PRACTICE

Has there been a period of three years or more during which you did not engage in the practice of dentistry on a continuous and regular basis either in Canada or the United States? Yes _____ No _____

If "yes" describe years out of practice and activity.

PRACTICE INFORMATION

Have you previously practiced dentistry in any other jurisdiction or been previously registered/licenced to practice a health profession, including dentistry, in any other jurisdiction? Yes _____ No _____

If "yes", list all the locations at which you have practiced. Attach a separate list if required.

Jurisdiction/Profession	Licence # (if applicable)	Year Started	Year Completed

If the answer is "yes", you are obliged to provide the MDA with a letter of standing from the governing body of the jurisdiction in which you were practicing. Please complete Schedule "B" so that the MDA may obtain additional information from that governing body should the MDA feel it appropriate to do so.

If you have engaged in the practice of dentistry in any other jurisdiction, have you ever been the subject of any proceedings in that jurisdiction related to your competence (professional misconduct or incompetence) or fitness to practice (incapacity)? Yes _____ No _____

If "yes" please provide full details including copies of any documents in your possession related to the matter. Attach a separate record if there is insufficient space below.

HEALTH HISTORY

Do you currently suffer from any physical or mental condition or disorder which may impair your ability to practice dentistry safely and competently or which, if left untreated, would impair your ability to practice dentistry safely and competently?

Yes _____ (Fill out Schedule "C")

No _____

Have you, at any time during the previous ten years, suffered from a physical or mental condition or disorder which has impaired your ability to practice dentistry safely and competently or which, if left untreated, would have impaired your ability to practice dentistry safely and competently?

Yes _____ (Fill out Schedule "C")

No _____

If your answer to either of the above two questions is "yes" please provide full details, including the names and addresses of current health-care practitioners who are treating you in respect of the condition/disorder, as well as providing a separate release (Schedule "C") so that the MDA may obtain the information directly from them.

Have you ever been found guilty of a criminal offence, either in Canada or in any other jurisdiction? This includes a finding of guilt under the Criminal Code of Canada, the Controlled Drugs and Substances Act (Canada) formerly the Narcotics Control Act (Canada) and the Food and Drug Act (Canada) or any other offence where the penalty could have resulted in your being incarcerated?

Yes _____ No _____

Have you ever been found guilty, in a country other than Canada, of any offence that would be defined in equivalent legislation to those acts in Canada: Criminal Code of Canada, the Controlled Drugs and Substances Act (Canada) formerly the Narcotics Control Act (Canada) and the Food and Drug Act (Canada)?

If "yes" provide full details of the findings and include copies of all relevant documents in your possession or control referable to the matter. Attach a separate summary if there is insufficient space below.

DECLARATION

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my application, I shall be deemed not to have satisfied the requirements for registration and licensure. I further understand and agree that if registration and a licence should be issued to me based upon a false or misleading statement or representation that said registration and licence are subject to immediate cancellation.

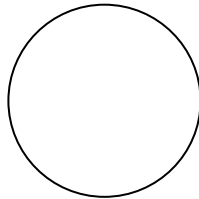
Taken and declared before me in the District, Province or State of _____

this _____ day of _____, 20_____.

A Commissioner for Oaths, Notary Public, Lawyer

Signature of Applicant

Seal



SCHEDULE "B"

CONSENT FOR RELEASE OF INFORMATION

(Complete only if answer to Practice Information is "yes".)

CONSENT FOR RELEASE OF INFORMATION

I have made application with the Manitoba Dental Association (MDA) for registration and licensure in order to engage in the practice of dentistry in the Province of Manitoba.

I, therefore, hereby irrevocably authorize and direct the:

Name of the Regulatory Body (Make additional copies of Schedule A if more than one regulator)

ADDRESS (Street) Suite

City Province/State Postal Code

(_____) _____
Telephone

to provide the MDA with full disclosure of any and all information you may have respecting my professional conduct, competence and capacity including providing a copy of any written information in my file pertaining to these matters and this shall be your full, final and irrevocable authority for so doing.

Signature of Applicant

Signature of Witness

Applicant – please print name

Witness – please print name

Date

Please return completed form marked "Confidential" to the Registrar of the MDA.

SCHEDULE "C"

CONSENT FOR RELEASE OF INFORMATION

(Complete only if answer to Health History is "yes".)

CONSENT FOR RELEASE OF INFORMATION

I have made application with the Manitoba Dental Association (MDA) for registration and licensure in order to engage in the practice of dentistry in the Province of Manitoba.

The MDA may wish additional information in connection with my application and I have agreed to co-operate with the MDA to assist it in determining whether I am able to practice dentistry safely.

I, therefore, hereby irrevocably direct, instruct and authorize the following health-care practitioners to release to the MDA at my expense any and all information, reports, records and documents (including copies thereof in your possession or control) pertaining to my health and your treatment of me:

Name of Health-Care Practitioner(s) (Make additional copies of Schedule B if more than one Health-Care Practitioner)

ADDRESS (Street) Suite

City Province/State Postal Code

(_____) _____
Telephone

Furthermore, I authorize you to speak to the MDA directly should it find it necessary to clarify or obtain any further information it may require in respect of these matters, and this shall be your full, final and irrevocable authority for so doing.

It is further understood and acknowledged by me that I have been advised by the MDA that I should obtain legal advice prior to executing this consent and that I have done so or have had sufficient opportunity to do so prior to executing this consent for release of health information.

Signature of Applicant

Signature of Witness

Applicant – please print name

Witness – please print name

Date

Please return completed form marked "Confidential" to the Registrar of the MDA.

SCHEDULE "D-1"

APPLICATION FOR ANNUAL LICENCE AS GENERAL PRACTITIONER MEMBER

I, _____ of the _____ of _____ in the _____ of _____ hereby apply to be licenced as a General Practitioner Member for the period _____ to _____.
DD/MM/YY DD/MM/YY

The particulars of professional liability insurance now in place to cover me for the period from _____ to _____ are as follows:

The particulars of my practice arrangements are _____

(State whether practice as partner or employee and location of practice(s) as well as name of partnership(s) or employer(s))

I undertake to notify the Registrar of the Manitoba Dental Association of any change in my practice arrangements within 14 days of the establishment of a new practice or a change in structure of my existing practice.

Dated this _____ day of _____, 200____.

SCHEDULE "D-2"

THE MANITOBA DENTAL ASSOCIATION ANNUAL LICENCE

Certifies that _____ of the _____ of _____, a duly registered GENERAL PRACTITIONER MEMBER in Manitoba, has paid the annual licence fee required by the Rules of the Manitoba Dental Association and is entitled to practice dentistry in all its branches in Manitoba, during the licensing year expiring 28th February, 2_____.

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 2_____.

Registrar

"Seal"

SCHEDULE "E"

**APPLICATION FOR REGISTRATION
WITH THE MANITOBA DENTAL ASSOCIATION AS A SPECIALIST MEMBER**

1. An application for registration as a Specialist Member shall include the following form:

a) To the Registrar, Manitoba Dental Association, I, the undersigned _____ hereby apply to be registered as a Specialist Member in _____, and agree to limit my practice while so registered to that field of specialization.

Dated at _____, in the Province of Manitoba, this _____ day of _____, 20____.

Signature of Applicant

b) Filed with the Registrar;
c) Accompanied by proof of qualification as required by the Act and By-Laws, and a Specialist's registration fee of \$50.00;

SCHEDULE "F-1"

APPLICATION FOR ANNUAL LICENCE AS SPECIALIST MEMBER

I, _____ of the _____ of _____ in the _____ of _____ hereby apply to be licenced as a Specialist Member for the period _____ to _____.
DD/MM/YY DD/MM/YY

The particulars of professional liability insurance now in place to cover me for the period from _____ to _____ are as follows:

The particulars of my practice arrangements are _____

(State whether practice as partner or employee and location of practice as well as name of partnership or employer)

I undertake to notify the Registrar of the Manitoba Dental Association of any change in my practice arrangements within 14 days of the establishment of a new practice or a change in structure of my existing practice.

Dated this _____ day of _____, 200____.

SCHEDULE "F-2"

THE MANITOBA DENTAL ASSOCIATION ANNUAL SPECIALIST LICENCE

Certifies that _____ of the _____ of _____, a duly registered SPECIALIST MEMBER in Manitoba, has paid the annual licence fee required by the Rules of the Manitoba Dental Association and is entitled to practice _____ in Manitoba, during the licensing year expiring 28th February, 2_____. (Specialty)

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE "G"

THE MANITOBA DENTAL ASSOCIATION DENTIST EDUCATOR LICENCE

Certifies that _____ of the _____ of _____, has paid the DENTIST EDUCATOR licence fee required by the Rules of the Manitoba Dental Association and is entitled to:

_____ (Insert description of permitted practice)

during the education course from _____ to _____.

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE "H"

**THE MANITOBA DENTAL ASSOCIATION
CONTINUING EDUCATION COURSE PARTICIPANT LICENCE**

Certifies that _____ of the _____ of _____, has been issued a licence to enable his/her participation at _____ for the period from _____ to _____.
(Name of Course)

This licence is subject to the following conditions:

- i) The Continuing Education Course Participant may engage in the practice of dentistry only as required for the course for which the license was issued;
- ii) The Continuing Education Course Participant must provide evidence of satisfactory professional liability insurance valid in Manitoba for the duration of the course;
- iii) The Continuing Education Course Participant may engage in the practice of dentistry only under the direct supervision of a dentist licenced under Part 1 of this by-law;
- iv) The course being attended must be of a duration of fourteen days or less;
- v) An expiry date shall be specified on the license which shall be one day after the day upon which the course is scheduled to end and the license automatically expires on that date;
- vi) No fee may be charged for the performance of any procedure within the scope of practice of dentistry.
- vii) The Continuing Education Course Participant has all of the responsibilities as a licensed member under Part One of this bylaw for the duration of the course which is being attended. The Continuing Education Course Participant has none of the rights and privileges afforded to a member of the Association.

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE "I-1"**THE MANITOBA DENTAL ASSOCIATION ANNUAL ACADEMIC AFFILIATE- GENERAL LICENCE**

Certifies that _____ of the _____ of _____, has paid the annual ACADEMIC AFFILIATE- GENERAL licence membership required by the Rules of the Manitoba Dental Association and is entitled to practice dentistry in Manitoba during the licensing year expiring 28th February, 2____

Registration and licensure of an Academic Affiliate General is subject to the following terms, conditions and limitations:

- i) the Academic Affiliate must be a graduate in dentistry from a post-secondary educational institution acceptable to the University of Manitoba Faculty of Dentistry;
- ii) until such time as the Academic Affiliate takes and successfully passes the NDEB examination as hereinafter set forth, the Academic Affiliate may practice only under the supervision of a Licensed General Practitioner ("the Supervisor");
- iii) if the Supervisor is not on site when the Academic Affiliate is performing a dental procedure on a patient, the Supervisor must be available for consultation;
- iv) the Academic Affiliate must wait one year before requesting the MDA request the NDEB examine him/her;
- v) the Academic Affiliate must pass the NDEB examination within 5 years of his/her appointment to the Faculty of Dentistry, even if he/she is not eligible to obtain the NDEB Certificate;
- vi) if the Academic Affiliate successfully passes the NDEB examination, he/she will be eligible to be a Licensed General Practitioner Member of the MDA;
- vii) if the Academic Affiliate does not successfully pass the NDEB examination within 5 years, he/she shall not be eligible to continue to be licensed as an Academic Affiliate.; and
- viii) at the time of the application for membership, an applicant, to be an Academic Affiliate-General Practice must agree in writing that he/she is aware of paragraphs (i), (ii), (iii), (iv), (v) and (vi) aforesaid and accepts those terms, conditions and limitations.

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE "I-2"**THE MANITOBA DENTAL ASSOCIATION ANNUAL ACADEMIC AFFILIATE -SPECIALIST LICENCE**

Certifies that _____ of the _____ of _____, has paid the annual ACADEMIC AFFILIATE- SPECIALIST licence membership required by the Rules of the Manitoba Dental Association and is entitled to practice dentistry in Manitoba during the licensing year expiring 28th February, 2____

Registration and licensure of an Academic Affiliate General is subject to the following terms, conditions and limitations:

- i) the Academic Affiliate must have a degree in dentistry from a post-secondary educational institution and have completed a post-graduate program in his/her specialty, which specialty program must be acceptable to the University of Manitoba Faculty of Dentistry;
- ii) until such time as the Academic Affiliate takes and successfully passes the NDSE in his/her field of specialization as hereinafter set forth, the Academic Affiliate may practice only under the supervision of a Licensed Specialist Member ("the Supervising Specialist") in the field of specialization of the Licensed Specialist Member;
- iii) if the Supervising Specialist is not on site where the Academic Affiliate is performing a dental procedure on a patient, the Supervising Specialist must be available for consultation;
- iv) the Academic Affiliate must wait one year before requesting the MDA request the RCDC examine him/her in their area of specialization;
- v) the Academic Affiliate must pass the NDSE in his/her field of specialization within 5 years of the Faculty of Dentistry;
- vi) before passing the NDSE, the Academic Affiliate may not announce that his/her practice is limited to a field of specialization or that he/she is a Licensed Specialist, but may indicate that he/she has a specific area of interest in dentistry;
- vii) if the Academic Affiliate successfully passes the NDSE, he/she will be eligible to be a Licensed Specialist member of the MDA;
- viii) if the Academic Affiliate does not successfully pass the NDSE, he/she shall not be eligible to continue to be licensed as an Academic Affiliate-Specialist; and
- ix) at the time of the application for membership, an applicant to be an Academic Affiliate-Specialist must agree in writing that he/she is aware of paragraphs (ii), (iii), (iv), (v), (vi) and (vii) aforesaid and accepts those terms, conditions and limitations..

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE "I-3"**ROLES AND RESPONSIBILITIES OF PARTIES IN SUPERVISION OF ACADEMIC AFFILIATES**MANITOBA DENTAL ASSOCIATION (MDA)

- (1) Have representatives participate as members the individual's selection committee;
- (2) Develop and modify the necessary forms as appropriate;
- (3) Specify nature and timing of assessment reports by The Faculty of Dentistry; a Supervisor; and/or the academic affiliate;
- (4) Review compliance with all requirements and undertakings by the parties;
- (5) Provide reasonable notice of any changes in the by-laws or administration related to academic affiliate licensure to other parties;
- (6) Will designate procedures and circumstances based on supervisor reports.

FACULTY OF DENTISTRY (THE FACULTY)

- (1) Ensure compliance and awareness of the terms, conditions and limitations by academic affiliates and their supervisors;
- (2) Ensure compliance and awareness of the roles and responsibilities of parties employed by the Faculty;
- (3) Ensure compliance and awareness with undertakings given by parties employed by the Faculty;
- (4) Provide immediate notice to the MDA of any changes in circumstances which may affect the terms, conditions, limitations, or obligations of an academic affiliate.

ACADEMIC AFFILIATE SUPERVISOR (SUPERVISOR)

- (1) Agrees to comply with all terms, conditions and responsibilities required by the MDA and the Faculty of a supervisor;
- (2) Ensure compliance and awareness of the terms, conditions and limitations by academic affiliates;
- (3) Undertake to provide written reports to MDA detailing:
 - (a) Observations during direct supervision:
 - (i) Specify procedures and circumstances;
 - (ii) Quality of clinical care;
 - (iii) Appropriateness of patient communications;
 - (iv) Appropriateness of auxiliary interactions;
 - (b) Recommendations and limitations on provisions of dental care to public:
 - (i) Specify ongoing supervision requirements:
 1. if indirect indicate:
 - a. procedures and circumstances allowed;
 - b. nature of supervisor consultation by procedure;
 - c. basis for allowing indirect supervision by procedure;
 - d. locations where procedures may be performed;
 - e. protocols to contact supervisor for consultation;
 - f. schedule to ensure availability of consultation;
 2. if direct indicate:
 - a. procedures allowed;
 - b. locations where procedures may be performed;
 - c. schedule to ensure availability of supervision;
 - (ii) Specify a regular review and reporting process:
 1. To update allowed indirectly supervised procedures based on further direct supervision;
 2. To allow random chart review on indirectly supervised procedures to assess quality of care;
 3. Recommend changes in supervisor consultation required;
 - (c) Any concerns or comments of supervisor;
 - (d) Any feedback of academic affiliate.

ACADEMIC AFFILIATE

- (1) Agrees to comply with all terms, conditions and responsibilities required by the MDA and the Faculty of a member licensed in the academic affiliate category;
- (2) Will maintain up to date knowledge of all terms, conditions and limitations on their ability to practice dentistry in the Province of Manitoba;
- (3) Through self assessment and support of supervisor and Faculty will identify areas of improvement and work to ensure meets accepted standard of care;
- (4) Will cooperate fully with the MDA, the Faculty and their supervisor to ensure compliance with the terms, conditions and limitations. Specifically:
 - (a) Limit locations of dental practice to those designated;
 - (b) Limit schedule to allow for direct supervision or availability of supervisor for consultation as designated;
 - (c) Limit procedures performed to circumstances designated;
 - (d) Cooperate with any review or reporting process to ensure compliance and public safety;
 - (e) Provide the MDA immediate notification of changes in circumstances.

SCHEDULE "J"

THE MANITOBA DENTAL ASSOCIATION ANNUAL STUDENT MEMBER LICENCE

Certifies that _____ of the _____ of _____, has paid the annual STUDENT MEMBER fee required by the Rules of the Manitoba Dental Association and is entitled to practice dentistry in all its branches in Manitoba, during the licensing year expiring 28th February, 2_____.

Given under my hand and the Seal of the Manitoba Dental Association at Winnipeg, this _____ day of _____, 20_____.

Registrar

"Seal"

SCHEDULE K

THE MANITOBA DENTAL ASSOCIATION

FORM OF AGREEMENT FOR HOSPITAL/DENTAL INTERNSHIP APPROVED BY THE DIRECTORS

THIS AGREEMENT made in triplicate the _____ day of _____, 20_____.

BETWEEN:

Name	Title
CHIEF OF DENTISTRY/FACULTY OF DENTISTRY SUPERVISOR	

FACULTY OF DENTISTRY/HOSPITAL
In the Province of Manitoba

OF THE FIRST PART,

AND

of Winnipeg in the Province of Manitoba,
graduate student of dentistry.

OF THE SECOND PART.

WITNESS that the parties hereto have agreed as follows:

1. The Party of the Second Part will act as intern in dentistry at the said Hospital/Faculty of Dentistry under the supervision and control of the said Party of the First Part for the term of _____ months from the date of acceptance of this Agreement for filing by the Secretary of the Manitoba Dental Association unless this Agreement shall be sooner terminated as hereinafter provided. _____
(start and end date of Agreement)
2. During the said term, the Party of the Second Part will be faithful and diligent in the discharge of his/her duties as intern in dentistry at said Hospital/Faculty of Dentistry and he/she will not perform any dental operations during the said term elsewhere than at the said Hospital/Faculty of Dentistry unless accompanied by the Party of the First Part and under his/her personal supervision.
3. The necessary facilities will be provided at the said Hospital/Faculty of Dentistry for the said Party of the Second Part, and he/she will be given opportunities for performing the operations usual in dental practice.
4. This Agreement may be terminated by mutual consent or by fifteen days' notice given in writing by either Party to the other Party.
5. The Party of the Second Part will fully respect and comply with all the provisions of this Agreement and by-laws of the Manitoba Dental Association. Forthwith upon the happening of any breach of this Agreement or

of the said by-laws by the Party of the Second Part, this Agreement shall cease to be valid or effective and any right of the Party of the Second Part to act as intern in dentistry shall terminate.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands the day and year first above written.

Witness:

Party of the Second Part

Party of the first Part

Accepted for filing this _____ day of _____, 20_____.

For the Manitoba Dental Association

Note:

1. Agreements are to be signed in triplicate – one copy for each of the parties and one copy for the Manitoba Dental Association. All copies shall be sent to the Secretary of the Manitoba Dental Association at 103 – 698 Corydon Avenue, Winnipeg, MB, R3C 0X8, for endorsement with acceptance for filing. Agreements are valid only from the date of their acceptance for filing by the Secretary of the Manitoba Dental Association.