

Schedule K: Dental Assistant Registration Form



202 - 1735 Corydon Ave.
Winnipeg, Manitoba
R3N 0K4
ManitobaDentist.ca

1. Applicant Type

Check one:

- Domestic Accredited USA Accredited
 Domestic Non-Accredited International

2. Personal Information

Male Female

a) Name

Last Name: _____

Given Names (underline name commonly used): _____

Is your name now different from the one on your other documents? Check one: Yes No

If yes:

Date of name change: _____

Location of name change: _____

REQUIRED DOCUMENTS

- If your name has changed, please provide a certified copy of a legal document certifying name change
(for example, marriage certificate, name change decree, etc.)

b) Contact Information

Home Address

Street: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Business Address

Street: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Telephone

Home: _____ Cell: _____

Business: _____

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Email

Personal: _____ Business: _____

Fax: _____

3. Education

a) Dental Assisting Program

School/College: _____

Graduation (Day/Month/Year): _____

REQUIRED DOCUMENTS

- Copy of Certificate and/or Transcript

b) National Dental Assisting Examining Board (NDAEB) Certificate

Do you have an NDAEB certificate? *Check one:* Yes No

If yes:

Certificate Number: _____ Date: _____

If no:

You must register for the NDAEB exam to be eligible to become registered and licensed with MDA.

REQUIRED DOCUMENTS

- Copy of your NDAEB certificate, OR
- Copy of your registration receipt to prove that you have registered for the NDAEB examination

IMPORTANT

If you graduated from an accredited Dental Assisting Program before January 1, 2007:

- You do NOT require an NDAEB Certificate
- You are NOT required to register for the NDAEB examination

c) NDAEB Clinical Practice Evaluation

REQUIRED DOCUMENT (For Graduates of Non-Accredited Dental Assistant Program only)

- Copy of Clinical Practice Evaluation Certificate

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d) Certification in a Cardiopulmonary Resuscitation Program (CPR)

Visit **ManitobaDentist.ca** for a list of MDA-approved Cardiopulmonary Resuscitation (CPR) Programs:
Graduate of Domestic Accredited, see **Education**.
Graduate of Domestic Non-Accredited or International, see **Step 4: MDA Application**.

Do you have valid certification in CPR from an MDA-approved program? *Check one:* Yes No

If no, complete the following to help MDA determine if your CPR Program is approved:

Name of CPR Program: _____

Held at: _____

Date of Certification (Day/Month/Year): _____

Expiry of Certification (Day/Month/Year): _____

REQUIRED DOCUMENT (FOR MDA-APPROVED PROGRAM OR OTHER)

- Copy of CPR Certificate

4. Other Jurisdictions

Have you ever practised a health profession, including Dental Assistant or Dentist, in any other jurisdiction?
Check one: Yes No

If yes: List all locations at which you have practised. Attach a separate list, if necessary.

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

REQUIRED DOCUMENTS

- Original Letter of Good Standing from the governing body of the jurisdiction in which you practised

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5. Personal Information Protection and Electronic Document Act (PIPEDA) Consent

MDA will likely be asked to disclose personal information about Dental Assistants.

Under the PIPEDA of Canada, MDA requires a Dental Assistant's consent to disclose and/or correct any personal information. In order for MDA to provide various organizations with personal information about you, please write your initials beside the categories for which you are prepared to give consent to MDA to provide the information:

_____ Educational institutions, dental associations/organizations, for continuing education purposes only.

_____ Dental supply companies and other business organizations for the marketing of dental products

If MDA does not receive your consent, MDA will not disclose personal information about you to any such organization. If such organizations wish to provide you with information or discuss an issue with you, arrangements will have to be made directly between you and that organization.

Yes, you do have my permission to provide my name for the categories that I have initialed.

SIGNATURE

DATE

ID# 070-

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Declaration

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

SIGNATURE OF APPLICANT

DATE

Delivery

Mail or hand-deliver your application form, required documents, and cheques for Registration and Licensing to:

Manitoba Dental Association
202 - 1735 Corydon Ave.
Winnipeg, Manitoba
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