



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4

T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

CHECKLIST FOR PROVISIONAL REGISTRATION AS A DENTAL ASSISTANT

- Read **Instructional Guide for Completing Dental Assistant Registration Application Form**

FORMS

- Identified **Provisional Registration** as the category
- Answered all the questions on application form and other forms in the Registration Package
- Attached a passport-sized photograph to the **Dental Assistant Initial Registration Application Form**
- Signed the **Dental Assistant Initial Registration Application Form** – properly witnessed and notarized
- Completed and signed appropriate release forms for health providers and prior regulatory bodies

SUPPORTING DOCUMENTS - PERSONAL

- Certified copy evidencing a name change, if you changed your name
- Certified copy of government-issued photo identification
- Certified copy of citizenship, permanent residency, or work permit

SUPPORTING DOCUMENTS - EDUCATION AND ASSESSMENT

- Certified copy of dental diploma/certificate/degree
- Original letter from Programme Director or Dean where completed diploma/certificate/degree to MDA
- NDAEB official receipt for written examination
- Proof of valid resuscitation/life support training

SUPPORTING DOCUMENTS - PRACTICE HISTORY

- Requested Letter of Standing for each regulatory body of prior health professions and jurisdictions
- Attached separate sheets with written details as requested on **Dental Assistant Initial Registration Application Form**.
- Enclosed payment for the registration and initial licensure fees
(Cash, Cheque or Money Transfer only | Please make cheques payable to: Manitoba Dental Association)

DOCUMENTS TO BE COMPLETED AT TIME OF LICENSURE

- Declaration and Agreement of Applicant for Provisional Registration as a Dental Assistant**
- Declaration of Commitment to Ethical Practice and the Public Interest**
- Consent for Personal Information Form**

FEES FOR REGISTRATION AND LICENSURE IN THE FULL REGISTRATION CATEGORY

Registration: Application fee \$ 50.00

Licensure - initial application

- For a new graduate in their graduating year \$130.00
- For all others licenses \$260.00



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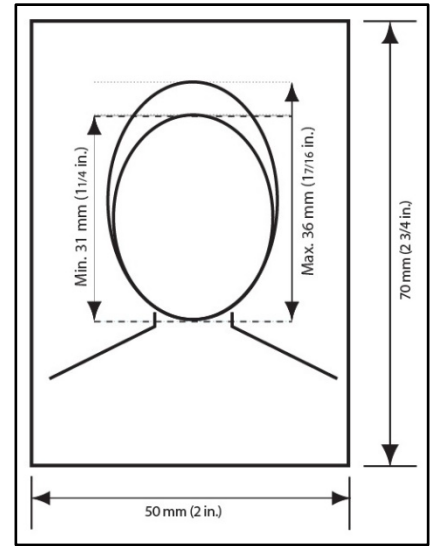
DENTAL ASSISTANT INITIAL REGISTRATION APPLICATION FORM

REGISTRATION CATEGORY (Please select only one)

- Full Registration
- Provisional Registration
- Student Registration

CHECKLIST: IN ORDER TO RENEW YOUR LICENCE, YOU MUST

- Graduate from a Dental Assistant or Dentist Training Programme
- NDAEB Certificate or evidence of application for certificate
- Submit this completed and signed form
- Submit any required supporting documents
- Pay application and licensure fees



Please attach a passport-sized photo taken within the past 12 months.

Personal

Name:

_____ Surname

_____ Given name/s (Place an asterisk (*) beside preferred name)

Is your name now different from the one on your diploma/certificate/degree?

Yes

No

If "yes" please provide a certified copy of a legal document certifying name change (e.g., Marriage Certificate, Legal Name Change Decree, etc.)

Date of birth:

_____ Day / Month / Year

Country/Countries of Citizenship: _____

If you are a Canadian citizen, please provide a **certified copy of your birth certificate, citizenship card or Canadian passport.**

If you are not a Canadian citizen, please check one of the boxes below:

Permanent Resident

Please provide a **certified copy of your Confirmation of Permanent Residence (CoPR), PR card, or Landing Paper.**

Work Permit

Please provide a **certified copy of your work permit issued by the Immigration, Refugees & Citizenship Canada which permits you to work in Canada through the practise of dental assisting.**

Languages: English French Others

_____ Please specify

Practice address

Primary practice name: _____

Address:

_____ Number

_____ Street

_____ Town/City

_____ Province

_____ Postal Code

Submit additional practice names and addresses on a separate sheet if insufficient space.

Home address

_____ Number

_____ Street

_____ Town/City

_____ Province

_____ Postal Code

_____ Phone number

_____ Mobile phone number

_____ Email address

Education

Student in a Dental Assistant Training Program

- Are you enrolled in an accredited dental assistant training programme in the Province of Manitoba? Yes No
If "yes" please identify programme and provide an **original letter from the Programme director confirming your enrolment.**

Name of Dental Assistant Training Program	Date started MM/YYYY	Date expected complete MM/YYYY

Graduate of Dental Assistant Training Program

- Have you completed an accredited dental assistant training programme? Yes No
If "yes" please identify programme and provide an **original letter from the Programme director confirming your graduation date or a certified copy of your graduation certificate.**

Name of Dental Assistant Training Program	Date started MM/YYYY	Date completed MM/YYYY

NDAEB Certificate

- Do you have a National Dental Assisting Examining Board Certificate? Yes No
If "yes", please provide _____, _____ and a certified copy of your NDAEB Certificate.
Certificate number Date MM/YYYY

If "no" and applying for Provisional Registration, please include a **certified copy of the NDAEB letter confirming your registration to perform the NDAEB Written Examination.**

- Has there been a period of three years or more since obtaining your NDAEB Certificate when you did not practice dentistry on a continuous and regular basis in Canada or United States of America? Yes No

Expanded Practice Modules

Indicate which if any expanded practice modules completed at an accredited dental training programme.

Module	Educational Institution	Date started MM/YYYY	Date completed MM/YYYY
<input type="checkbox"/> Orthodontic Assisting			
<input type="checkbox"/> Scaling Module			

Include a **certified copy of your module certificate** for each successfully completed training programme.

Health Profession Registration and Licensure History

- Are you currently registered or licensed to practise any health profession including dental assisting in any jurisdiction, including Manitoba? Yes No

- Have you been previously registered or licensed to practise any health profession including dental assisting in any jurisdiction, including Manitoba? Yes No

If "yes" to either question, provide details for every governing body in the following table. Attach a separate list if required.

Please request these governing bodies submit a letter of good standing directly to the MDA.

Jurisdiction (Province/State/Country)	Governing Body	Type of Licence	Registration start date	Registration end date

- Have you ever been refused registration or licensure to practise any health profession including dental assisting in any jurisdiction, including Manitoba? Yes No

If "yes" please provide details in the following table. Attach a separate sheet if required. Please provide a **copy of the governing body's written decision and reasons** and provide **Consent to Release forms for each governing body** to the MDA.

Jurisdiction (Province/State/Country)	Governing Body	Type of Licence Denied

Medical Emergency Training

- Have you successfully completed a resuscitation/life support programme approved by the MDA? Yes No
If "yes", please submit a **certified copy of official documentation from programme** evidencing successful completion & validation date.

Health and Conduct

Please attach a separate sheet with written details for any of the following questions that answer in the affirmative ("yes").

Health and Health History

- Do you currently have a physical, mental or addiction disorder or condition which may impair your ability to practise dental assisting safely and competently, or, if left untreated, would impair your ability? Yes No
- Have you at any time in the previous 10 years suffered from a physical, mental or addiction disorder or condition which has or had impaired your ability to practise dental assisting safely, or, if left untreated, would have impaired your ability? Yes No

Include in your written details the names and addresses of healthcare practitioners who have treated you for your disorder or condition. Please complete and provide a **Consent to Release Health Information form** for each healthcare provider to MDA.

Continuity of Practice

- Has there been a period of three years or more since obtaining your diploma/certificate/degree from a training programme when you did not practise on a continuous and regular basis in Canada or the United States of America? Yes No

Include in your written details a description of reason and activities during time period not practising dentistry.

Regulatory Conduct

- Are there any current investigations, review, proceedings or appeals in any jurisdiction that could result in restrictions, conditions or limitations being placed on your ability to practise a health profession or suspension or cancellation of your entitlement to practise a health profession? Yes No
- Have you at any time been subject to a finding of professional misconduct, conduct unbecoming or incompetence related to the practice of a health profession in any jurisdiction, including while as a student? Yes No
- Do you have any current or had previous restrictions, conditions or restrictions on your entitlement to practise any health profession in any jurisdiction? Yes No
- Have you ever voluntarily surrendered your licence/registration to practise a health profession? Yes No

Judicial Conduct

- 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
- Are criminal charges pending or outstanding against you in any jurisdiction? Yes No
- Have you at any time been the subject of a finding or negligence, professional malpractice or civil fraud in any jurisdiction? Yes No

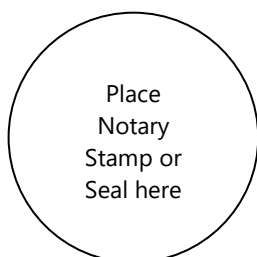
Statutory Review

- Are you listed on any child abuse registry in any jurisdiction? Yes No
- Are you listed on any adult abuse registry in any jurisdiction? Yes No

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



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CONSENT TO RELEASE HEALTH INFORMATION FORM

Applicant name (please print): _____

Provincial Health Card Number: _____

Health Practitioner Name: _____

Health Practitioner Address: _____
Street City, Province Postal Code

Health Practitioner Contact Number: _____

Dear Sir/Madam,

The Manitoba Dental Association (Association) is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act*.

I have applied to the Association for registration, renewal, or a change in my registration status. In order to allow or continue the practice of dental assisting in Manitoba, the Association will need additional information in connection with my application. I have agreed to co-operate with the Association to assist it in determining my ability to provide dental services in the Province.

I consent to the release at my expense of any and all information, reports, records and documents pertaining to my health and your treatment of me to the Association.

I consent to the release of any copies of information, reports, records and documents pertaining to my health and the treatment of me by other health care practitioners in your possession or control to the Association.

I irrevocably direct and authorize you to send copies at my expense of any and all information, reports, records, and documents pertaining to my health and treatment to the Association.

Please send my personal health information to the Association – Attention Registrar: Confidential.

I authorize you to speak with the Association directly should you or the Association find it necessary to clarify or obtain further information in respect of these matters.

I have read and understood the nature and extent of the access that I have authorized with this *Release*. I have been advised by the Association to obtain legal advice prior to executing this *Release*. I have had sufficient opportunity to obtain legal advice and have done so to the degree I feel is appropriate.

With my signature, I consent to the terms of this *Release*.

Applicant signature

Date signed



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CONSENT FOR PERSONAL INFORMATION FORM

The Manitoba Dental Association (MDA) requires your informed consent prior to registering you as a member. Please read the following information carefully and sign below.

The MDA is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act (The Act)*.

I understand that, in order to fulfill its statutory mandate, the MDA will collect regulatory information about me including: my name; photograph; mailing and work addresses; health; third-party liability protection; education (transcripts, degrees, diplomas or letter(s) from my school confirming my enrollment in or graduation from a dental training programme); and regulatory or legal conduct.

I understand information collected by the MDA will be used for regulatory purposes as authorized by *The Act* and its bylaws. Information specified by legislation shall be published.

I understand that, in the interest of public safety, the MDA may release information as authorized by *The Act* or to other dental regulatory authorities if the MDA considers, in its sole discretion, that such disclosure is appropriate.

I understand that the MDA will retain my personal information indefinitely.

I understand the MDA shall not release my information for non-regulatory purposes without my consent. In order for the MDA to be able to provide personal information to these organizations, please initial the groups you consent to allow disclosure:

_____ Education institutions, dental associations, and dental supply companies for continuing education purposes only

_____ Dental supply companies and other business for dental product marketing

_____ Independent consultants under contract with the MDA to analyze data for research purposes

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

I have read and understood the nature and extent of the access that I have authorized with this consent. I have been advised by the MDA to obtain legal advice prior to executing this consent. I have had sufficient opportunity to obtain legal advice and have done so to the degree I feel is appropriate.

I hereby give my consent to the MDA for the collection, use, disclosure and protection of my information.

Applicant signature

Date signed



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DECLARATION OF COMMITMENT TO ETHICAL PRACTICE AND THE PUBLIC INTEREST

I, _____, solemnly declare that,
Name of Member (please print)

first and foremost, I shall protect the interests of my patients and the public in my practice of dental assisting in the Province.

I solemnly declare that I shall comply with the terms of my licensure and cooperate with the Manitoba Dental Association.

I solemnly declare that I shall uphold the honour and dignity of the profession in the conduct of my practice of dental assisting and personal life.

I am aware of *The Dental Association Act (The Act)* and the Manitoba Dental Association Bylaws and do solemnly declare that I shall adhere to *The Act* and Bylaws.

DECLARED and SIGNED in the offices of the Manitoba Dental Association at Winnipeg,
in the Province of Manitoba this _____ day of _____ 20____.

Member

MDA Personnel



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DECLARATION AND AGREEMENT OF APPLICANT FOR PROVISIONAL REGISTRATION AS A DENTAL ASSISTANT

I, _____, have read and understand
name of member (please print)

the Manitoba Dental Association *Bylaw A-12 for the Provisional Registration of Dental Assistants (the Bylaw)* and solemnly declare that first and foremost I shall protect the interests of my patients and the public in my practice of dental assisting in the Province.

I accept the restrictions, conditions and limitations herein described as terms of my licence and agree that I shall adhere to *the Bylaw* and cooperate with the Manitoba Dental Association. Specifically, I shall:

- a. restrict my location of practice of dental assisting to those expressly identified to the MDA;
- b. practise dental assisting under supervision of a dentist member approved by the Registrar until I receive full licensure certificate;
- c. carry a minimum of \$1000000.00 third party malpractice insurance;
- d. pay registration and other fees as required by the MDA;
- e. accept the termination of my provisional registration if I do not receive an NDAEB certificate within nine months of graduation from an accredited dental training programme;
- f. allow the MDA to communicate any changes in my registration or provisional licensure directly to my employer for dental assisting services;
- g. cooperate with any review or reporting process to ensure compliance and public safety;
- h. complete *Change of Status Application Form* within 15 days of receiving my NDAEB certificate; and
- i. inform the Registrar in writing within 15 days of any changes to my supervision or location of practice.

I understand nothing in this agreement shall be interpreted as in any way affecting the ability of the Registrar to include additional restrictions, conditions or limitations on me as a dental assistant member registered provisionally or as a condition for provisional registration.

I am aware of *The Dental Association Act (The Act)* and the Manitoba Dental Association Bylaws and do solemnly declare that I shall adhere to *The Act* and Bylaws.

DECLARED and SIGNED in Winnipeg, in the Province of Manitoba this ____ day of _____ 20__.

Provisional Dental Assistant Applicant

Witness Signature

Witness Name (please print)



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**AGREEMENT ON CONDITION FOR
 DENTAL ASSISTANT REGISTRATION FOR A RECENT GRADUATE**

I, _____, understand my registration as a
 Name of applicant (please print)

dental assistant requires me to submit a certified copy of my graduation from a dental assistant training programme as proof of my successful completion of an accredited dental assistant training programme.

I understand the Manitoba Dental Association (MDA) is extending me the privilege of registration and provisional licensure as a dental assistant on the condition that I provide a certified copy of that graduation certificate.

I agree to provide the MDA a certified copy of my graduation certificate from a dental assistant training programme by the _____ of _____ 20_____.

I understand a failure to submit the certified copy by the identified date shall result in the MDA immediately suspending my provisional licence and my ability to perform the duties of a dental assistant.

I understand the MDA shall contact my dental office workplace and inform my employer of the suspension of my licence.

I understand my suspension for failure to comply with the conditions of this agreement will only be removed on my providing the certified copy of graduation certificate from a dental assistant training programme plus a \$50.00 late fee.

As MDA member, I shall cooperate with the MDA to ensure compliance with these terms.

I am aware of *The Dental Association Act (The Act)* and the Manitoba Dental Association Bylaws and do solemnly declare that I shall adhere to *The Act* and Bylaws.

DECLARED and SIGNED in Winnipeg, in the Province of Manitoba this ____ day of _____ 20__.

 Provisional Dental Assistant Applicant

 Witness Signature

 Witness Name (please print)

