



MANITOBA DENTAL ASSOCIATION

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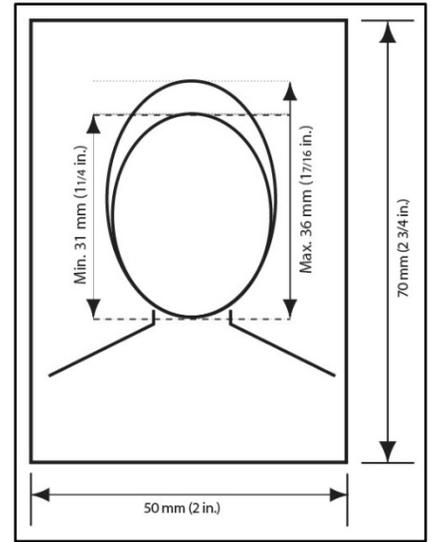
DENTAL ASSISTANT INITIAL REGISTRATION APPLICATION FORM

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

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

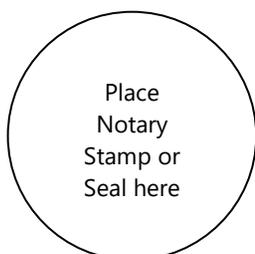
Statutory Review

- 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