



MANITOBA DENTAL ASSOCIATION
 202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
 T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

**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)