



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
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DENTAL ASSISTANT LICENCE RENEWAL NOTICE FORM

REGISTRATION CATEGORY RENEWAL (Please select only one)

- Registered Dental Assistant
Select: One payment of **\$260**
 Two payments of **\$140**
- Non-practising (\$50)
- Resigned*
- Retired*

IN ORDER TO RENEW YOUR LICENCE, YOU MUST:

- Return this form with signed declarations
- Submit any required supporting documents
- Submit payment of your Annual Licence Fee:
 1. Select from payment options
 2. If two payments, must include both payments, with the second payment dated for SEPT 15, 2026
 3. **CHEQUE, CASH or MONEY ORDER ONLY:**
 - a. Do NOT mail cash
 - b. NSF cheques will be subject to additional \$35 NSF fee as well as late fees
- Confirm or correct Contact Information
- List office(s) where you are currently practising
- Submit proof of valid CPR if expiration date is before April 30, 2026
- Return all required documents and fees NO LATER THAN APRIL 30, 2026**

Name and Registration Number

CE Anniversary date is

070-

Your CPR expiration date is

Is your name now different from the one on this renewal form? 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.)

Practice Name and Address

Is the following information correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide practice address information.
Practice name:	
Address:	
Telephone:	
Fax:	

Submit any additional office addresses on a separate sheet.

The Annual Dental Assistant Certificate must be displayed in <u>each</u> facility where you practice dental assisting. How many certificates do you need printed?	
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Preferred Mailing and Contact Address

Is the following information correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide preferred contact information.
Name:	
ID Number: 070-	
Address:	
Telephone:	
Cell phone:	
Email address:	

Other Jurisdictions

Are you currently licensed or registered to practise dental assisting in any other jurisdiction?

Yes No

If "yes", please submit names of jurisdictions on a separate sheet.

Declarations

As a non-practising member, I declare that I shall not practise without changing my licence status.

Initials here

As a retiring or resigning member*, I declare that I shall not practise dental assisting after April 30, 2026.

*Retiring or resigning members must submit a completed resignation form prior to leaving practice.

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 dental assisting.

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? Yes No
- Do you have any current or had previous restrictions, conditions or limitations 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 renewal application, I shall be deemed not to have satisfied the requirements for licensure. I further understand and agree that if a licence should be issued to me based upon a false or misleading statement or representation that said licence is subject to immediate suspension.

Taken and witnessed in the City and Province of _____

this _____ day of _____, 20 _____.

Signature of Member

Signature of Witness