



**MANITOBA DENTAL ASSOCIATION**  
202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4  
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**DECLARATION OF COMMITMENT TO ETHICAL PRACTICE AND THE PUBLIC INTEREST**

I, \_\_\_\_\_, solemnly declare that first  
*Name of Member (please print)*

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