



**MANITOBA DENTAL ASSOCIATION**  
 202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4  
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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\_\_.

\_\_\_\_\_  
 Dental Assistant Member Signature

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Witness Name (Print)