



MANITOBA DENTAL ASSOCIATION
202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4
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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 a 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 (Print)