



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

Please attach a passport-sized photo taken within the past twelve months

DENTAL ASSISTANT INITIAL REGISTRATION APPLICATION FORM

REGISTRATION CATEGORY (SELECT ONLY ONE)

- FULL REGISTRATION
- PROVISIONAL REGISTRATION

CHECKLIST - IN ORDER TO REGISTER, YOU MUST:

- GRADUATE FROM A DENTAL ASSISTANT OR DENTIST TRAINING PROGRAMME
- NDAEB CERTIFICATE OR EVIDENCE OF APPLICATION FOR CERTIFICATE
- SUBMIT THIS COMPLETED AND SIGNED FORM
- SUBMIT EVIDENCE OF APPROPRIATE AMOUNT OF LIABILITY INSURANCE
- SUBMIT ANY REQUIRED SUPPORTING DOCUMENTS
- PAY APPLICATION AND LICENSURE FEES

PERSONAL

NAME	_____ SURNAME GIVEN NAMES (PLACE ASTERIK (*) BESIDE PREFERENCE) Is your name now different from the one on your diploma/certificate/degree? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" please provide a certified copy of a <i>legal document certifying name change</i> (i.e. Marriage Certificate, Legal Name Change Decree, etc.)
DATE OF BIRTH	_____ MONTH DAY YEAR
CITIZENSHIP	_____ COUNTRY OR COUNTRIES Are you a Canadian citizen or permanent resident of Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO
IDENTIFICATION	If "yes" please provide a <i>certified copy of your birth certificate, citizenship card or proof of permanent residency status</i> . If "no" please provide details of your current citizenship and a <i>certified copy of the authorization issued by Citizenship and Immigration Canada</i> which permits you to engage in the practice of dental assisting in Canada.
FLUENCY	<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHERS _____ SPECIFY LANGUAGE(S) Submit additional languages on a separate sheet if insufficient space.
PRACTICE ADDRESS	_____ PRACTICE ADDRESS STREET CITY PROVINCE POSTAL CODE _____ TELEPHONE FAX EMAIL Submit any additional office addresses on a separate sheet. Your home contact information will be published in the registry if you do not provide practice information.
HOME ADDRESS	_____ SUITE STREET CITY PROVINCE POSTAL CODE _____ TELEPHONE CELLULAR TELEPHONE EMAIL

EDUCATION AND PRACTICE INFORMATION

GRADUATE OF FORMAL DENTAL TRAINING PROGRAMME

NAME OF DENTAL TRAINING PROGRAMME	DIPLOMA/CERTIFICATE OR DEGREE	DATE STARTED MM/YYYY	DATE COMPLETED MM/YYYY

Include *original letter from the Programme Director, Dean or his/her designate and a certified copy of your graduation diploma/certificate/degree* for each dental training programme.

NDAEB CERTIFICATE

Do you have a National Dental Assisting Examining Board Certificate? YES NO

If "yes" please provide _____, _____ and a *certified copy of your NDAEB Certificate*.
 CERTIFICATE NUMBER DATE (MM/YYYY)

If "no" and applying for Provisional Registration, please include a certified copy of the NDAEB letter confirming your registration to perform the NDAEB Written Examination.

Has there been a period of three years or more since obtaining your NDAEB Certificate when you did not practise dental assisting on a regular basis in Canada or the United States of America? YES NO

EXPANDED PRACTICE MODULES

Indicate which if any expanded practice modules completed at an accredited dental training programme.

MODULE	EDUCATIONAL INSTITUTION	DATE STARTED MM/YYYY	DATE COMPLETED MM/YYYY
<input type="checkbox"/> ORTHODONTIC ASSISTING			
<input type="checkbox"/> SCALING MODULE			

Include a *certified copy of your module certificate* for each successfully completed training programme.

HEALTH PROFESSION REGISTRATION AND LICENSURE HISTORY

Are you currently registered or licensed to practise any health profession including dental assisting in any jurisdiction including Manitoba? YES NO

Have you been previously registered or licensed to practise any health profession including dental assisting in any jurisdiction including Manitoba? YES NO

If "yes" to either question, provide details for every governing body in the following table. Attach a separate list if required. Please request these governing bodies submit a letter of good standing directly to the MDA.

JURISDICTION PROV/STATE/COUNTRY	GOVERNING BODY	TYPE OF LICENCE	REGISTRATION START DATE	REGISTRATION END DATE

Have you ever been refused registration or licensure to practise any health profession including dental assisting in any jurisdiction including Manitoba? YES NO

If "yes" please provide details in the following table. Attach a separate sheet if required. Please provide a *copy of the governing body's written decision and reasons* and provide *Consent to Release forms* for each governing body to the MDA.

JURISDICTION	GOVERNING BODY	TYPE OF LICENSE DENIED

CPR TRAINING

Have you successfully completed a resuscitation/life support programme approved by the MDA? YES NO

Include a *certified copy of official documentation from programme* evidencing successful completion and validation date.

HEALTH AND CONDUCT

FOR RESPONSES

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 ten years suffered from a physical, mental or addiction disorder or condition which has or had impaired your ability to practise safely, or if left untreated, would have impaired your ability? YES NO

Include in your written details names and addresses of healthcare practitioners who have treated you for your disorder or condition and 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.

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 restrictions 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 of 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

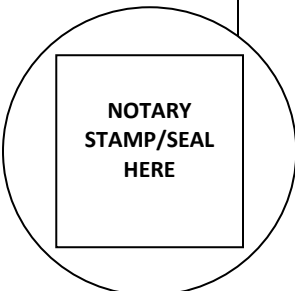
DECLARATION

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 application, I shall be deemed not to have satisfied the requirements for registration and licensure. I further understand and agree that if registration and a licence should be issued to me based upon a false or misleading statement or representation that said registration and licence are subject to immediate cancellation.

Taken and declared before me in the District, Province or State of _____

this _____ day of _____, 20_____.



A Commissioner for Oaths, Notary Public, Lawyer

Signature of Applicant

