



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

**IN ORDER TO RESIGN YOUR LICENCE, YOU MUST:**  
 READ INFORMATION ON BACK OF FORM;  
 COMPLETE THIS FORM WITH SIGNED DECLARATION;  
 PROVIDE CONTACT INFORMATION;  
 SUBMIT ALL DOCUMENTS TO MDA.

**MEMBER CANCELLATION FORM**

**REASON FOR CANCELLATION (SELECT ONLY ONE)**

- RETIRED                                       LEAVING PROVINCE  
 RETURN TO SCHOOL                       CHANGING PROFESSIONS  
 CHANGING TO NON-PRACTICING

\_\_\_\_\_ SURNAME                                      GIVEN NAMES (PLACE ASTERIK BESIDE PREFERENCE)                                      MDA REGISTRATION NUMBER

This is to notify you officially of my decision to  retire from practice,  change to non-practicing and/or  cancel my membership in the Manitoba Dental Association. I understand that the effective date of my cancellation will be the date the MDA receives my resignation or the following date \_\_\_\_\_. I have attached a completed *Dentist Change of Status or Reinstatement Application Form* and appropriate documents and fees if I choose to remain registered with the MDA as a non-practicing member.

I understand my responsibility to maintain the confidentiality of my patients' personal health information even after my resignation. I understand I must either personally secure the records providing a process for my patients to access those records or I must transfer the records to another member of the MDA with an agreement the other member will act as a trustee of those records.

I have chosen to:

- personally secure the records at the following location \_\_\_\_\_. The MDA may contact me at the following telephone number and/or email address if a patient contacts the MDA to seek access to their records \_\_\_\_\_ . OR
- I have transferred my records to the following member \_\_\_\_\_. I have an agreement with the member to secure the records and ensure appropriate and timely access to patients, the MDA or myself.

- I declare I have read, understood, and agree to the information provided on the reverse of this page, if I choose to be reinstated as a member of the MDA.
- I declare that I understand I am statutorily subject to the peer review process for five years after the MDA receives my resignation.
- I declare that I shall notify the MDA of any changes to the contact information I am including with this declaration.
- I declare that I have provided appropriate and timely notification to my patients of my plans to leave the practice of dentistry.
- I declare that I have provided appropriate and timely information to my patients on how they may access their personal health information contained in those records.
- I declare that I have secured my records containing patient personal health in a safe and appropriate manner.

MAILING ADDRESS: \_\_\_\_\_  
 SUITE                                      STREET                                      CITY                                      PROVINCE                                      POSTAL CODE

\_\_\_\_\_ TELEPHONE                                      CELLULAR TELEPHONE                                      EMAIL

Taken and witnessed in the city and Province of \_\_\_\_\_  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Member

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



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### INFORMATION FOR MEMBERS CONSIDERING NOT RENEWING, RETIREMENT OR RESIGNATION

A standardized process for members who are leaving or retiring from the practice of dentistry in the Province has become necessary to manage increasing membership numbers. In addition, there are some regulatory responsibilities regarding notification and patient records that dentists be aware of and manage prior to leaving practice in the Province.

The term resignation is used to encompass all situations where a member is leaving the practice of dentistry in the Province.

In order to meet these needs, please complete the form and declarations on the reverse of this document. Until this signed form is received at the MDA offices, you are considered a member with the same responsibilities and obligations to meet continuing competency requirements, maintain malpractice insurance and pay fees.

The MDA cannot remove you from the registry of practicing members and complete the CDSPI *Request for Non-Practicing Status of Malpractice Insurance* until this form is received.

If you submit this form before February 28<sup>th</sup>, you will not be required to pay the annual licence renewal fee for the upcoming year. If you submit the form after February 28<sup>th</sup>, you will be required to pay the annual licence fee. A failure to pay that fee will result in a default of payment being recorded in your file. A default of payment will affect your ability to be reinstated in the Province as well as registration in other jurisdictions.

You may apply to have your membership reinstated at any time. Reinstatement will be governed by the legislation, bylaws and policies in place at the time of application for reinstatement.

The current process for most applicants requesting reinstatement within three years of resignation is to complete the necessary application form (*Dentist Change of Category or Reinstatement Application form*) with the appropriate documentation and reinstatement fee. A review of the documents and your continuing education record will be performed. If appropriate, the application will be approved and with payment of the necessary licence fees, you will be reinstated.

Members shall be required to complete a new registration application (*Dentist Initial Application form*) and submit the necessary documentation if they are requesting reinstatement after:

1. three years;
2. voluntarily surrendered to a complaints committee under the terms of section 25 and 25.2 of *The Dental Association Act*;
3. failed to comply with a decision of the Peer Review Committee including failing to attend to be cautioned;
4. resigning with restrictions, limitations or conditions on their licence; or
5. previously refused reinstatement.

Circumstances will determine the competency evaluation requirements that must be met prior to registration. The costs of any evaluation or assessment are the sole responsibility of the applicant. These costs can be substantial.

Applicants in default of any payment to the MDA shall not be considered for reinstatement or registration unless the applicant pays the prescribed fees and any penalties owed.

Please contact the Registrar if you have any questions about the information.