MANITOBA DENTAL ASSOCIATION 202-1735 Corydon Ave. Winnipeg, MB R3N 0

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4 T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

CHECKLIST FOR REGISTRATION IN THE ACADEMIC CATEGORY

☐ Read Instructional Guide to Completing Dentist Registration Application☐ If already licensed with the MDA, please use the Dentist Change of Statut	
FORMS Identified Academic as the Registration category and specified your affil Answered all the questions on application and consent forms in the Reg Attached a passport-type photograph to the Dentist Initial Registration of Signed Dentist Initial Registration Application Form and had it properly to Completed and signed release forms for third party assessors, health properly Completed and signed Declaration of Commitment to Ethical Practice and Completed and Signed Declaration of Commitment to Ethical Practice and Commitment Ethical Practice and Commit	gistration Package Application Form witnessed and notarized oviders and prior regulatory bodies
SUPPORTING DOCUMENTS - PERSONAL Certified copy evidencing a name change, if you changed your name Certified copy of government issued photo identification Certified copy of citizenship, permanent residency or work permit	
SUPPORTING DOCUMENTS - EDUCATION AND ASSESSMENT Certified copy of dental degree OR original letter sent directly from Dean of Faculty where completed your dental degree to MDA Certified copy of NDEB certificate Certified copy of dental specialty degree OR original letter sent directly from Dean of Faculty where completed your specialty degree to MDA Certified copy of NDSE certificate Certified copy of hospital-based internship if you had completed a hospital-based internship OR original letter sent directly from Dean of Faculty where completed a hospital-based internship to MDA Proof of appropriate malpractice insurance Proof of valid resuscitation/life support training Proof of Canadian jurisprudence and ethics training Two letters of reference – signed and dated sent directly to MDA SUPPORTING DOCUMENTS - PRACTICE HISTORY Requested Certificate of Standings for each regulatory body of prior health professions and jurisdictions Attached separate sheets with written details as requested on Dentist Initial Registration Application Form Enclosed separate payments for the registration and initial licensure fees	
FEES FOR REGISTRATION AND LICENSURE IN THE ACADEMIC CATEGORY	
Registration - application fee	\$ 650.00
 Licensure - initial application For registrant before 1st of September in year of application For registrant in the year of graduation from a dental training programme For registrant on or after 1st of September in year of application 	\$2750.00 \$2750.00 \$2750.00