



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4

T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

CHECKLIST FOR REGISTRATION IN THE CONTINUING EDUCATION COURSE PARTICIPANT CATEGORY

- Read *Instructional Guide to Completing Dentist Registration Application Form*

FORMS

- Identified *Continuing Education Course Participant* as the Registration category.
- Answered all the questions on application and consent forms in the Registration Package.
- Attached a passport-type photograph to the *Dentist Initial Registration Application Form*.
- Signed *Dentist Initial Registration Application Form* and had it properly witnessed and notarized.
- Completed and signed release forms for third party assessors, health providers and prior regulatory bodies.
- Completed and signed *Declaration of Commitment to Ethical Practice and the Public Interest*

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 or Fellowship from the Royal College of Dentists of Canada
- 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
- Certified copy of agreement with a study club or approved sponsor
- Original copy of approval by the Continuing Competency Dental Educator Sub-committee
- 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.

* Requirements may be altered or waived if, in the opinion of the Registrar, alternative evidence is sufficient.

FEES FOR REGISTRATION AND LICENSURE IN THE CONTINUING EDUCATION COURSE PARTICIPANT CATEGORY

Registration - application fee	\$ 850.00
Licensure - initial application	At discretion of the Board