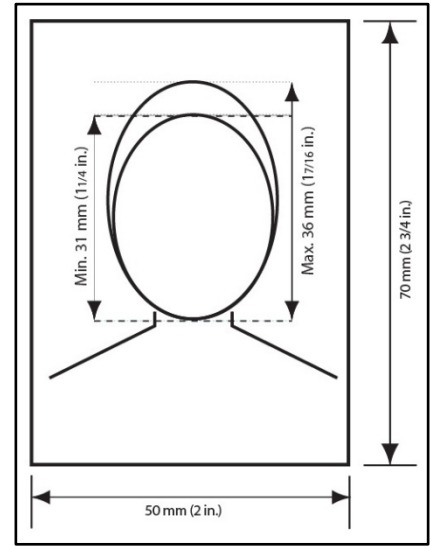




DENTIST INITIAL REGISTRATION APPLICATION FORM

REGISTRATION TYPE (Please select only one)

- General Practitioner
- Dental Specialist in _____
- Academic
- Student
- Charitable Purpose
- Dental Educator
- Continuing Education course participant
- Non-practising



Please attach a passport-sized photo taken within the past 12 months.

Personal

Name: _____
 Surname Given name/s (Place an asterisk beside preferred name)

Is your name now different from the one on your Degree? Yes No
 If "yes" please provide a certified copy of a legal document certifying name change (e.g., Marriage Certificate, Legal Name Change Decree, etc.)

Date of birth: _____
 Day / Month / Year

Country/Countries of Citizenship:

If you are a Canadian citizen, please provide a **certified copy of your birth certificate, citizenship card or Canadian passport.**

If you are not a Canadian citizen, please check one of the boxes below:

- Permanent Resident Please provide a **certified copy of your Confirmation of Permanent Residence (CoPR), PR card, or Landing Paper.**
- Work Permit Please provide a **certified copy of your work permit issued by the Immigration, Refugees & Citizenship Canada which permits you to work in Canada**

Languages: English French Others _____
 Please specify

Practice address

Primary practice name: _____

Address: _____
 Number Street Town/City Province Postal Code

Submit additional practice names on a separate sheet. Your primary practice contact information will be published in the public registry.

Home address

Number Street Town/City Province Postal Code

Phone number Mobile phone number Email address

Education

Graduate of Dental Training Program

University and Location	Diploma/Degree	Date started MM/YYYY	Date completed MM/YYYY

Include a **certified copy of your graduation degree** for each dental training programme or original letter from the Dean or their designate will be considered if graduation degree is not available.

NDEB Certificate

- Do you have a National Dental Examining Board Certificate? Yes No
If "yes", please provide _____, _____ and a **certified copy of your NDEB Certificate**.
Certificate number Date MM/YYYY
- If "no", are you applying using labour mobility legislation? Yes No
- Has there been a period of three years or more since obtaining your NDEB Certificate when you did not practice dentistry on a continuous and regular basis in Canada, United States, Australia, New Zealand, or Republic of Ireland? Yes No

Graduate of Dental Internship or Specialty Training Program

University and Location	Diploma/Degree	Date started MM/YYYY	Date completed MM/YYYY

Include a **certified copy of your graduation degree** for each dental internship or specialty training programme or original letter from the Dean or their designate will be considered if graduation degree is not available.

NDSE Certificate

- Do you have a National Dental Specialty Examination Certificate or Fellowship from the Royal College of Dentists of Canada? Yes No
If "yes", please provide _____, _____ and a **certified copy of your NDSE Certificate**.
Certificate number Date MM/YYYY
- If "no", are you applying using labour mobility legislation? Yes No
- Has there been a period of three years or more since obtaining your NDSE Certificate when you did not practice your dental specialty on a continuous and regular basis in either Canada or United States? Yes No

Student of Internship or Specialty Programme

- Are you enrolled in a hospital-based internship programme affiliated with the University of Manitoba? Yes No
If "yes" please provide an **original copy of Hospital Internship Agreement**.
- Are you enrolled in an accredited dental specialty training programme at the University of Manitoba? Yes No
If "yes" please provide an **original letter from the Dean or their designate confirming your enrolment** and indicate programme:
 Oral Maxillofacial Surgery Orthodontics Paediatric Dentistry Periodontics Prosthodontics

Students interested in independent prescribing privileges must apply to the Registrar and meet requirements for placement on that Roster.

Academic Appointment

- Do you have a full-time appointment at the University of Manitoba - Faculty of Dentistry? Yes No
If "yes" please provide an **original letter from the Dean or their designate confirming your appointment** and indicate your affiliated programme:
 General Endo OMS OM/OP Ortho Paedo Perio Prostho PH RAD

Dental Educator

- Are you planning to provide an educational programme involving the practice of dentistry in association with an approved sponsor? Yes No
If "yes", please provide a **certified copy of the sponsor agreement**.

Practice Information

Health Profession Registration and Licensure History

- Are you currently registered or licensed to practise any health profession including dentistry in any jurisdiction, including Manitoba? Yes No
- Have you been previously registered or licensed to practise any health profession including dentistry in any jurisdiction, including Manitoba? Yes No

If "yes" to either question, indicate details for every governing body in the following table. Attach a separate list if required.

Please request **the indicated governing bodies to complete our Certificate of Standing form** and have them submit it directly to the MDA. Please complete and provide **Consent to Release Regulatory Information forms for each governing body** to the MDA.

Jurisdiction (Province/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 dentistry 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 (Province/State/Country)	Governing Body	Type of Licence Denied

Information on Reasons Registration or License denied _____

Canadian Jurisprudence and Ethics Training

- Have you successfully completed a Canadian jurisprudence and ethics programme approved by the MDA*? Yes No

If "yes", please provide a **letter from the programme director confirming successful completion and dates**.

**MDA approved programmes are listed in SCHEDULE B of the Bylaw for Registration and Licensure of Dentists.*

Medical Emergency Training

- Have you successfully completed a resuscitation/life support programme approved by the MDA*? Yes No

If "yes", please submit a **certified copy of official documentation from programme** evidencing successful completion & validation date.

**MDA approved programmes are listed in SCHEDULE C of the Bylaw for Registration and Licensure of Dentists.*

Health and Conduct

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 dentistry safely and competently, or, if left untreated, would impair your ability? Yes No
- Have you at any time in the previous 10 years suffered from a physical, mental or addiction disorder or condition which has or had impaired your ability to practise dentistry safely, or, if left untreated, would have impaired your ability? Yes No

Include in your written details the names and addresses of healthcare practitioners who have treated you for your disorder or condition. Please 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 graduating from a dental training programme when you did not practise dentistry on a continuous and regular basis in Canada, United States, Australia, New Zealand or Republic of Ireland? Yes No

Include in your written details a description of reason and activities during time period not practising dentistry.

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, including while as a student? 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 or negligence, professional malpractice or civil fraud in any jurisdiction? Yes No

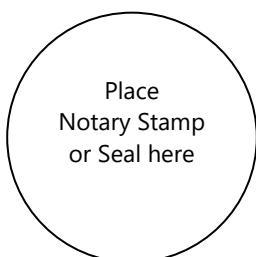
Statutory Review

- 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