



**MANITOBA DENTAL ASSOCIATION**

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4  
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**AGREEMENT FOR HOSPITAL DENTAL INTERNSHIP OR GRADUATE DENTAL RESIDENCY**

THIS AGREEMENT made in the city of Winnipeg, Province of Manitoba on the \_\_\_ day of \_\_\_\_\_, 20\_\_

**BETWEEN: CHIEF OF DENTISTRY/FACULTY OF DENTISTRY SUPERVISOR  
FACULTY OF DENTISTRY/HOSPITAL**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**OF THE FIRST PART**

and **STUDENT APPLICANT TO**  Hospital Dental Internship  Graduate Dental Residency

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**OF THE SECOND PART**

**WITNESS that the parties hereto have agreed as follows:**

1. The Party of the Second Part will act as an intern or resident in dentistry at the said Hospital/Faculty of Dentistry under the supervision and control of the said Party of the First Part for the term of \_\_\_ months from the date of acceptance of this Agreement for filing by the Secretary of the Manitoba Dental Association (MDA) unless this Agreement shall be sooner terminated as hereinafter provided.  
\_\_\_\_\_ (start and end date of Agreement)
2. During the said term, the Party of the Second Part will be faithful and diligent in the discharge of his/her duties as intern or resident in dentistry at said Hospital/Faculty of Dentistry and he/she will not perform any dental operations during the said term elsewhere than at the said Hospital/Faculty of Dentistry unless accompanied by the Party of the First Part and under his/her personal supervision.
3. The necessary facilities will be provided at the said Hospital/Faculty of Dentistry for the said Party of the Second Part, and he/she will be given opportunities for performing the operations usual in dental practice.
4. This Agreement may be terminated by mutual consent or by fifteen days' notice given in writing by either Party to the other Party.
5. The Party of the Second Part will fully respect and comply with all the provisions of this Agreement and Bylaws of the MDA. Forthwith upon the happening of any breach of this Agreement or of the said Bylaws by the Party of the Second Part, this Agreement shall cease to be valid or effective and any right of the Party of the Second Part to act as intern or resident in dentistry shall terminate.
6. The MDA student licence to practice dentistry in the Province shall automatically cease on the termination of this Agreement regardless of cause.

7. The Party of the Second Part  is  is not allowed by The Party of the First Part to prescribe medication under his/her own authority within the terms of this internship agreement on approval of the MDA Registrar.

I, \_\_\_\_\_, hereby apply for prescription privileges as part of the internship/resident agreement within the Faculty of Dentistry.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands the day and year first above written.

Witnesses:

\_\_\_\_\_  
Party of the Second Part

\_\_\_\_\_  
Party of the First Part

Accepted for filing this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
For the Manitoba Dental Association

**Prescription Privileges Approved:**  Yes  No

Accepted for approval this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
MDA Registrar

Note:

Agreements are to be signed in triplicate – one copy for each of the parties and one copy for the MDA. All copies shall be sent to the Secretary of the MDA at 202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4, for endorsement with acceptance for approval. Agreements are valid only from the date of their acceptance for approval by the Registrar of the MDA.