



MANITOBA DENTAL ASSOCIATION

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AGREEMENT OF SUPERVISOR TO MEMBER IN ACADEMIC CATEGORY

I, _____, have read and understood
Name of Member (please print)

the Manitoba Dental Association *Bylaw for the Registration and Licensure of Dentists* (the *Bylaw*) and accept the responsibilities of supervision of Dr. _____ as an academic under the terms of the *Bylaw* and this agreement.

I agree to comply with all the terms and condition required of the Manitoba Dental Association (MDA) and the Faculty for a supervisor including:

1. Regularly reviewing and updating my knowledge of my responsibilities as a supervisor and of the terms and conditions of academic licensure;
2. Ensuring awareness and compliance of the academic member with all the terms, conditions and restrictions of his or her membership;
3. Provision of direct feedback, discussion, consultation and support to supervised member regarding the practice of dentistry;
4. Undertaking written reports to MDA detailing:
 - a. Observations during direct supervision;
 - b. Recommendations and limitations on provisions of dental care to public specifying ongoing direct or indirect supervision requirements;
 - c. Regular review and reporting process; and
 - d. My concerns or comments of supervisor.
5. Notifying the Registrar in writing within 15 days of any changes to the supervised members supervision, practice location or faculty appointment.

I understand the Registrar may include additional restrictions, conditions or limitations on the supervised member registered in the Academic class as a condition for registration. As a supervisor, I shall cooperate with the MDA to ensure compliance with those terms.

I am aware of *The Dental Association Act (The Act)* and the *MDA Bylaws*, and do solemnly declare that I shall adhere to *The Act and Bylaws*.

DECLARED and SIGNED in the offices of the Manitoba Dental Association in the City of Winnipeg,

Province of Manitoba this _____ day of _____, 20_____.

Supervising Member

MDA Executive Director or Registrar

