



## MANITOBA DENTAL ASSOCIATION

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

T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

### DECLARATION AND AGREEMENT OF APPLICANT TO MDA ACADEMIC CATEGORY

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

the Manitoba Dental Association (MDA) *Bylaw for the Registration and Licensure of Dentists (the Bylaw)* and solemnly declare that, first and foremost, I shall protect the interests of my patients and the public in my practice of dentistry in the Province.

I accept the restrictions, conditions and limitations herein described as terms of my licence and agree that I shall adhere to the *Bylaw* and cooperate with the MDA. Specifically, I shall:

- a. restrict my practice of dentistry to the scope of my identified field of dental practice;
- b. restrict my practice of dentistry outside of Faculty duties to a maximum of one day per week;
- c. practise dentistry under supervision of an applicable Dental Specialist member approved by the Registrar until I receive a National Dental Specialty Examination (NDSE) certificate;
- d. limit my practice of dentistry to areas designated where I have the requisite knowledge, skill and judgement of a reasonable and prudent member of my identified field of dental practice;
- e. limit any communications to patients or the public of my qualifications of licensure as "*an academic with an interest in (field of dental practice)*";
- f. limit locations of dental practice to those designated;
- g. not express or imply I am a dental specialist of any area of dentistry in communications with patients or the public until successfully completing the NDSE;
- h. cease to be registered in the Academic class if I do not hold a full-time appointment at the University of Manitoba Faculty of Dentistry;
- i. cease to be registered in the Academic class if I do not receive an NDSE certificate within five years of registering in the Academic class;
- j. cooperate with any review or reporting process to ensure compliance and public safety; and
- k. inform the Registrar in writing within 15 days of changes to my supervision, location or faculty appointment.

I understand nothing in this agreement shall be interpreted as in any way affecting the ability of the Registrar to include additional restrictions, conditions or limitations on me as a member registered in the Academic class or as a condition for registration as an applicant to the Academic class.

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\_\_\_\_.

\_\_\_\_\_  
Member

\_\_\_\_\_  
MDA Executive Director or Registrar