202-1735 Corydo T: 204.988.5300 F	ecialist in	R3N 0K4 nanitobadentist.ca	LICATION FORM	(117 Hint) Hint 12 Hin	ji Max. 36 mm (17/16 in.)
Personal					
Name:					
	Surname		Given name/s (Place	_	preferred name)
Is your name now different	-	-	└ Yes	∐ No	
If "yes" please provide a certified	copy of a legal documen	t certifying name char	nge (e.g., Marriage Certifi	cate, Legal Name Ch	ange Decree, etc.)
Identification:					
If you are a Canadian citizen,	please provide a certifi	ed copy of your bi	rth certificate, citizens	hip card or Canad	lian passport.
If you are not a Canadian cit	izen nlease check on	of the hoves held	NA/.		
in you are not a canadian en				rmanant Basidan	
Permanent Resident	Please provide a cer PR card, or Landing		r Confirmation of Pe	manent Residen	Ce (COPR),
Work Permit	•		r work permit issued a to work in Canada	by the Immigrat	ion, Refugees &
Practice address					
Primary practice name:					
Address:					
Ν	umber Street	Tow	n/City	Province	Postal Code
	Phone number	Fax n	umber	Email ad	dress
Submit additional practice nam					
					ne pour regiony.
Home address					
Number	Street	Town/City	Province	Post	al Code
Phone number	Mobile phone n	umber	E	mail address	

Education

NDEB Certificate

- Do you have a National Dental Examining Board Certificate?
- 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?

Graduate of Dental Internship or Specialty Training Prog	gram			
University and Location	Diploma/Degree	Date started MM/YYYY	Date com MM/YY	pleted
Include a certified copy of your graduation degree for each de	ntal internship or specialty t	raining programme		
or original letter from the Dean or their designate will be consi				
NDSE Certificate				
Do you have a National Dental Specialty Examination Certificate or	Followship from the			—
Royal College of Dentists of Canada?	renowship nom the		L Yes	∐ No
If "yes", please provide	2	nd a certified copy of y o	our NDSE Cort	ificate
Certificate number	Date MM/YYYY	ia a certifica copy of ye		incute.
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				□ No
dental specialty on a continuous and regular basis in either Cana	da or United States?		∐ Yes	
Student of Internship or Specialty Programme				
• Are you enrolled in a hospital-based internship programme affiliated with the University of Manitoba?				🗌 No
If "yes" please provide an original copy of Hospital Internshi	p Agreement.			
Are you enrolled in an accredited dental specialty training prog	ramme at the University of N	1anitoba?	🗌 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 Paedeatric Dentistry Periodontics Prosthodontics				
Students interested in independent prescribing privileges must	apply to the Pagistrar & mo	at requirements for place	comont on that	t Postor
				i Kuster.
Academic Appointment			_	_
Do you have a full-time appointment at the University of Manit	oba - Faculty of Dentistry?		🗋 Yes	∐ No
If "yes" please provide an original letter from the Dean or the and indicate your affiliated programme:	eir designate confirming yo	ur appointment		
	🗌 Ortho 🔲 Paedo 🗌	Perio 🗌 Prostho	🗌 РН 🗌	RAD

🗌 Yes 🗌 No

🗌 No

🗌 Yes

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?
- Have you been previously registered or licensed to practise any health profession including dentistry in any jurisdiction, including Manitoba?

🗌 Yes 🗌 No

🗌 No

Yes

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 Yes No jurisdiction, including Manitoba?

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
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1 Yes

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*?

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.

□ No

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 □ No 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? □ 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? 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? 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 □ Yes □ No
 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? 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? 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? 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
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• 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 Yes No
or limitations being placed on your ability to practise a health profession or suspension or cancellation of your entitlement to
practise a health profession?
• 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?
• Do you have any current or had previous restrictions, conditions or restrictions on your entitlement to practise any health profession in any jurisdiction?
Have you ever voluntarily surrendered your licence/registration to practise a health profession?
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?
• Are criminal charges pending or outstanding against you in any jurisdiction?
• Have you at any time been the subject of a finding or negligence, professional malpractice or civil fraud in any jurisdiction?
Statutory Review
• Are you listed on any child abuse registry in any jurisdiction?
• Are you listed on any adult abuse registry in any jurisdiction?
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			
Place Notary Stamp or Seal here	this	_ day of	, 20	<u>.</u> .
	A Commissioner for Oath	ns, Notary Public, Lawyer	Signature of Applicant	