



# Certificate of Standing

Please complete this form and return it to:

Manitoba Dental Association  
Attn: Registration  
202-1735 Corydon Avenue  
Winnipeg, MB R3N 0K4

### To the certifying authority or regulator:

The dentist requesting completion of this form is an Applicant for registration/licensure in Manitoba (receiving jurisdiction) and has agreed to disclosure. This completed form bearing the signature and seal of the certifying authority in the originating jurisdiction may be sent with any attachments directly to the above address.

The certifying authority's (originating jurisdiction) records indicate the following information concerning:

Name: \_\_\_\_\_ (Applicant)  
(First name) (Last name)

Licence/Registration number: \_\_\_\_\_

Current professional address: \_\_\_\_\_  
(As recorded on the Register/Roll)

Phone number: \_\_\_\_\_  
(As recorded on the Register/Roll)

## 1. LICENCE/MEMBERSHIP

### a) The Applicant

(i) has been registered/licensed in \_\_\_\_\_ (certifying authority's jurisdiction)  
from (M/D/Y) \_\_\_\_\_ to (current or M/D/Y) \_\_\_\_\_

(ii) If the Applicant ceased to be a registered/licensed member, it was for the following reason(s):

**b) The Applicant currently holds or previously held in** \_\_\_\_\_ (certifying authority's jurisdiction)

(i) a General Certificate/Licence from \_\_\_\_\_ to \_\_\_\_\_  
(M/D/Y) (current or M/D/Y)

(ii) a Specialty Certificate/Licence in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(specify specialty) (current or M/D/Y)

(iii) an Education Certificate/Licence (Residency/Internship) from \_\_\_\_\_ to \_\_\_\_\_  
(current or M/D/Y)

(iv) a Graduate Certificate/Licence (Student) from \_\_\_\_\_ to \_\_\_\_\_  
(current or M/D/Y)

(v) an Academic Certificate/Licence (Professor) from \_\_\_\_\_ to \_\_\_\_\_  
(current or M/D/Y)

(vi) other: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(M/D/Y) (current or M/D/Y)



**c) The Applicant received his or her degree(s) in dentistry from the following institutions:**

| Institution Name | Degree | Year of Graduation |
|------------------|--------|--------------------|
|                  |        |                    |
|                  |        |                    |

**d) To the best of your (certifying authority’s jurisdiction) knowledge, the Applicant is or has also been registered/licensed to practise dentistry or has engaged in the practice of dentistry in the following additional jurisdiction(s):**

| Country/Province or State/Region | Licensed |         |
|----------------------------------|----------|---------|
|                                  | From     | To      |
|                                  | (M/D/Y)  | (M/D/Y) |
|                                  | (M/D/Y)  | (M/D/Y) |
|                                  | (M/D/Y)  | (M/D/Y) |

**e) The Applicant**

- (i) is not in arrears of any fees or other monies owing to your organization.
- (ii) is in arrears as follows:

**Type in Nature of Arrears / Owed Since / Amount Owing**

**f) Terms, Restrictions, Conditions, Limitations on Certificate/Licence**

- (i) The Applicant **does not have and has not had** any terms, restrictions, conditions, or limitations on her or his Certificate/Licence.
- (ii) The Applicant currently **has or has had** terms, restrictions, conditions or limitations on her or his Certificate/Licence the nature of which are as follows:

**Nature of terms, restrictions, conditions or limitations on licence / Dates in force**

**g) Suspension, Cancellation, Revocation or Striking off the Roll**

- (i) The Applicant **does not have or has not had** her or his Certificate/Licence suspended, cancelled, revoked or struck off the Register/Roll.
- (ii) The Applicant currently **has or has had** her or his Certificate/Licence suspended, cancelled, revoked or struck off the Register/Roll for the following reason (s):



**2. PROFESSIONAL CONDUCT RECORD**

**a) Complaints**

- (i) The Applicant **HAS NEVER BEEN** the subject of a formal complaint.
- (ii) The Applicant **IS** the subject of a formal complaint, which has not been completed.
- (iii) The Applicant **HAS BEEN** the subject of a formal complaint, which was completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation, the nature of which is as follows:

**Nature of the formal complaint(s) and action(s) taken if any at this date**

**b) Investigations**

- (i) The Applicant **HAS NEVER BEEN** the subject of an investigation.
- (ii) The Applicant **IS** the subject of an investigation, which has not been completed.
- (iii) The Applicant **HAS BEEN** the subject of an investigation, which was completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation, the nature of which was as follows:

**Nature of the investigations and action taken if any at this date**

**c) Discipline Proceedings**

- (i) The Applicant **HAS NEVER BEEN** the subject of a discipline proceeding.
- (ii) The Applicant **IS** the subject of a disciplinary proceeding which has not been completed.
- (iii) The Applicant **HAS BEEN** the subject of disciplinary proceedings, which was completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation the nature of which was as follows:

**Nature of the disciplinary proceedings and actions taken / Date / End-result**

**d) Fitness to Practise\* (upon registration or after)**

- (i) The Applicant **HAS NEVER BEEN** the subject of a fitness to practise hearing or inquiry.
- (ii) The Applicant **IS** the subject of a fitness to practise hearing or inquiry which has not been completed.
- (iii) The Applicant **HAS BEEN** the subject of a fitness to practise hearing or inquiry, which was completed with a decision/action being issued (including "no further action") by you (the certifying regulator) or which involved the Applicant's resignation the nature of which was as follows:

**\*Physical ailment, mental health condition or addiction involved / Date / End-result**



**3. QUALITY ASSURANCE PROGRAMS**

**a) Professional Inspection**  Mandatory  Non-mandatory

(i) The Applicant **is not and has not been** the subject of professional inspections, other than the regularly scheduled visits.

(ii) The Applicant **is or has been** the subject of professional inspections other than the regularly scheduled visits, the nature and/or disposition of which was as follows:

**Nature of the inspection and action taken if any at this date**

**b) Continuing Education requirement**  Mandatory  Non-mandatory

(i) The Applicant has always been in compliance with your continuing education requirements.

(ii) The Applicant is not or has not in the past been in compliance with your continuing education requirements.

**Nature of non-compliance and action taken if any at this date**

**c) Currency of Practice requirement**  Mandatory \_\_\_\_\_  Non-mandatory  
(specify details)

(i) Has the Applicant been in compliance with your practice hour's requirement?

Yes  No  Non-applicable

(ii) Has the Applicant ever interrupted/stopped practising?

Yes  No  Unknown

**If yes, the Applicant did interrupt/stop practising, please specify dates:**

| From    | To      |
|---------|---------|
| (M/D/Y) | (M/D/Y) |
| (M/D/Y) | (M/D/Y) |
| (M/D/Y) | (M/D/Y) |
| (M/D/Y) | (M/D/Y) |



**4. OTHER RELEVANT INFORMATION WHICH HAS BEEN REPORTED TO YOU**

**(the certifying regulator/originating jurisdiction)**

In the affirmative, please specify:

a) Additional sheets/documents attached:

Yes

No

**5. CERTIFICATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signed and sealed this date (certifying regulator seal)