

REQUEST FOR NON-PRACTISING STATUS OF MALPRACTICE INSURANCE

Re: Canadian Dentists' Insurance Program - Account No:

This form is to be completed by your provincial licensing body. Its purpose is to allow the Canadian Dentists' Insurance Program to issue non-practising status coverage to you.

1. Name of Dentist _____

2. Address of Dentist _____

Phone number: _____ Email: _____

3. Reason for request for non-practising status coverage (Check one only)

- a) Retirement _____
- b) Moved outside of Canada _____
- c) Moved to Ontario or Quebec _____
- d) Moved out of province _____
- e) Commenced post-graduate studies _____
- f) Non-practising Membership _____
- g) Maternity Leave
- h) Failed to renew license

4. Has dentist's name been removed from roster/roll of licensed Dentists?

Yes or No ***

If "YES" - Date: _____

Name of Licensing Body _____

Signature of Registrar _____

*** If "NO", the non-practising status cannot be issued