

PLEASE NOTE:

The submitted documents will be retained in your file and cannot be returned to you therefore, providing the original certificate *is not recommended*.

On review of your documents, a determination on your application will be made. You will receive a letter confirming your name being placed on the roster and clarifying any conditions on your use of neuromodulators and / or dermal fillers. Until you receive this letter, you cannot provide these services in the Province.

SUPPORTING DOCUMENTS

Supporting documents must be submitted along with this application form. Incomplete applications will be denied and returned to the member.

An original or certified copy of your completion certificate from an MDA-approved course provider

Completed applications and accompanying documentation may be mailed to:

Attention: Director of Regulatory Programs
Manitoba Dental Association
202-1735 Corydon Avenue
Winnipeg, Manitoba R3N 0K4

MEMBER DECLARATION

I understand and agree that if I make a false or misleading statement or representation in respect of my request to be added to a Neuromodulator or Dermal Filler Roster, I shall be deemed not to have satisfied the requirements for approval.

I further understand and agree that if an approval should be issued to me based upon a false or misleading statement or representation that said approval is subject to immediate suspension, and the matter may be referred to the Peer Review Committee for investigation.

APPLICANT SIGNATURE: _____

DATE: _____

MDA OFFICE USE ONLY	
WAS ADDITIONAL INFORMATION NECESSARY FOR REVIEW? <input type="checkbox"/> NO <input type="checkbox"/> YES, SEE ATTACHED INFORMATION	
CHECK ROSTERS APPROVED BY REGISTRAR:	EMAIL NOTIFICATION SENT TO MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> III	DATE ADDED TO CRM: DD / MM / YYYY
LIST ROSTERS DENIED & REASON:	