



COLLEGE OF DENTURISTS OF ONTARIO

Declaration of Inactive Status

I declare, that effective _____ I will be maintaining an inactive status with the College of Denturists of Ontario.

I understand that, although I remain a member of the College, as an inactive member I may not practice denturism.

I understand that when I wish to return to the practice of Denturism, I must inform the College in writing prior to my return to practice date and that I must ensure that I have liability insurance coverage prior to providing patient care.

Registrant Name (Print): _____

Signature: _____

Date: _____