



COLLEGE OF DENTURISTS OF ONTARIO REGISTRATION RENEWAL 2009-2010

If you have any questions about completing the form, please consult the Information on Registration Renewal (enclosed).

Registration Information

| | | | |
|---|---------|-----------------|------------|
| Name: | Status: | Registration #: | User Name: |
| Number of hours practiced from April 15, 2008-April 14, 2009: _____ | | | |

Contact Information

| Registered Address (primary practice address) | Mailing Address | Home Address |
|--|-------------------------------|-------------------------------|
| Address 1 | | |
| Address 2 | | |
| City, Prov Postal Code | | |
| Tel # | | |
| Fax # | | |
| Email | | |
| | | |
| Alternate Practice Address #1 | Alternate Practice Address #2 | Alternate Practice Address #3 |
| Address 1 | | |
| Address 2 | | |
| City, Prov Postal Code | | |
| Tel # | | |
| Fax # | | |
| Email | | |
| | | |

Language Information

| | |
|--|---|
| Preferred language <input type="checkbox"/> English <input type="checkbox"/> French | Languages in which you are able to provide denturism services: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: (list) |
|--|---|

Insurance Information

- I declare that my registration status is active and that I carry at least the minimum amount of \$1,000,000.00 per occurrence in liability insurance. My insurance is provided by:
- DAO Insurance
- Private insurance: Carrier: _____ Policy #: _____
- If your insurance is through a private carrier, attach a copy of your current certificate of Insurance (see Section 4 of the Information on Registration Renewal).

Reporting Requirements

| If the answer to any of the following questions is "yes" you must provide full details on a separate page. | | |
|---|------------------------------|-----------------------------|
| In the past year have you been convicted of a criminal offence? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| In the past year have you been convicted of any other offence relevant to the practice of Denturism? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| In the past year has there been a finding of, or similar to, professional misconduct, incompetence, or incapacity against you by any professional regulator either inside or outside of Ontario, including by the College of Denturists of Ontario? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Has any proceeding been commenced against you for professional misconduct, incompetence or incapacity or similar conduct by any professional regulator either inside or outside of Ontario, including by the College of Denturists of Ontario? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Status Change Certification

Inactive Practice Certification

- I currently hold an Inactive registration status with the College.
- I declare that effective _____, I will not provide denturist services and request an inactive registration status. I understand that while I hold an inactive registration status I may not fit, dispense, design, construct, repair or alter a denture in Ontario and I undertake not to provide such services without first contacting the College in writing and reinstating active status.

Resignation Certification

- I declare that effective _____, I will not provide denturist services and wish to resign my registration with the College. I understand that, once resigned, I may not fit, dispense, design, construct, repair or alter a denture. In addition, I may not use the title "Denturist", a variation or an abbreviation or equivalent in another language. I will not hold myself out as qualified to practice in Ontario as a Denturist. I understand that, should I wish to become registered with the College Of Denturists of Ontario again, I would be required to reapply and meet all the registration requirements in place at the time of my re-application, including any qualifying examinations required.

Retired Life Member Certification

- I declare that effective _____, I will not provide denturist services and wish to begin a Retired Life member status. I understand that, as a Retired Life member, I may not fit, dispense, design, construct, repair or alter a denture. I understand that, should I wish to resume active status with the College Of Denturists of Ontario again, I would be required to reapply and meet all the registration requirements in place at the time of my re-application, including any qualifying examinations required.

I verify that all of the information entered on this form is true and accurate. I acknowledge that it is an act of professional misconduct to make a false or misleading statement to the College of Denturists.

Date: _____ Signature: _____

The information on this form is collected and used for the purposes of regulating the profession and practice of Denturism only. For more information see the College's Privacy Policy.

**Return to: College of Denturists of Ontario, 180 Bloor Street West, Suite 903
Toronto, ON M5S 2V6 Fax #: (416) 925-6332**

Fee Payment

Breakdown of fees and GST can be found in Section 8 of the Information on Registration Renewal.

Please choose one of the two following payment options

CREDIT CARD

Please charge my credit card:

| | Active | Inactive | Retired Life Member |
|--------------------------|-------------------------------|--|---|
| <input type="checkbox"/> | 1 full payment of \$1497.74 | <input type="checkbox"/> 1 full payment of \$748.87 | <input type="checkbox"/> 1 full payment of \$153.00 |
| <input type="checkbox"/> | 2 installments of \$798.87 ea | <input type="checkbox"/> 2 installments of \$424.44 ea | |

Visa MasterCard

Installments will be debited April 15, 2009 and October 15, 2009 without future notice

Card # _____ Expiry date _____

Signature

CHEQUE

Enclosed please find:

| | Active | Inactive | Retired Life Member |
|--------------------------|-------------------------------|--|---|
| <input type="checkbox"/> | 1 full payment of \$1497.74 | <input type="checkbox"/> 1 full payment of \$748.87 | <input type="checkbox"/> 1 full payment of \$153.00 |
| <input type="checkbox"/> | 2 installments of \$798.87 ea | <input type="checkbox"/> 2 installments of \$424.44 ea | |

Make cheques payable to the College of Denturists of Ontario

Post date 2nd installment cheque for October 15, 2009. Both cheques must be submitted by April 15, 2009

The option of pre-authorized payments is no longer available. Please *do not* submit a void cheque for automatic debit from your account.

**Return to: College of Denturists of Ontario, 180 Bloor Street West, Suite 903
Toronto, ON M5S 2V6 Fax #: (416) 925-6332**