



COLLEGE OF DENTURISTS OF ONTARIO

Registration Undertaking for Status Change to Active

I, _____, DD, Registration # _____, am a member of the College of Denturists of Ontario with a current registration status of INACTIVE. I am requesting a change of registration status to ACTIVE effective _____.

I understand that as an active member of the College of Denturists of Ontario, I am required to have:

- i. professional liability insurance coverage (also known as malpractice insurance) in the minimum amount of \$1,000,000.00 per occurrence, and that;
- ii. my malpractice insurance coverage must be in effect before I provide any Denturist Services to the public.

I undertake to immediately obtain professional liability coverage and provide proof of coverage to the Registrar of the College of Denturists within 10 business days of the date of this signed undertaking.

I undertake not to provide Denturist Services without first obtaining the required malpractice insurance coverage.

I am aware that I may obtain professional liability insurance coverage privately or through active membership in the Denturist Association of Ontario (DAO). For private malpractice insurance coverage, a copy of the insurance carrier's certificate with my name, policy number and the effective dates of coverage will be accepted by the College as proof of professional liability insurance. For malpractice insurance coverage obtained through active membership in the Denturist Association of Ontario, correspondence from the Association via email, fax or mail confirming my coverage extension under the DAO's malpractice policy and the effect date of coverage, will be accepted by the College as proof of professional liability insurance.

Dated: _____

Denturist's Signature _____

Witnessed by: _____