



COLLEGE OF DENTURISTS OF ONTARIO

**Declaration of Resignation**

I declare, that I am resigning my membership with the College of Denturists of Ontario, effective

\_\_\_\_\_.

I understand that after this date, in accordance with the Regulated Health Professions Procedural Code, 1991; 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.

Registrant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_