



College of Denturists of Ontario
 180 Bloor Street West, Suite 903
 Toronto, ON M5S 2V6

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Toll Free: 1-888-236-4326
Fax: 416-925-6332
Email: info@denturists-cdo.com

FOR OFFICE USE ONLY

Registration No: _____

Application Received: _____

Date: _____

APPLICATION FORM FOR CERTIFICATE OF REGISTRATION

PERSONAL INFORMATION

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Legal Surname: _____ Given

Name: _____

If name on documentation submitted to the College is different from above please provide copy of legal document certifying change.

Date of Birth (day/month/year): _____ Gender: _____

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Immigration Status: **YES** **NO**

Canadian Citizen (if yes, please provide copy of birth certificate/citizenship papers)

Landed Immigrant (if yes, please provide copy of Record of Landing)

Other Authority to Work in Canada (if yes, please provide copy of work authorization)

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|-------------------|-------------|-----------------|-----------------------------|-------------|-----------------|
| Residence: | | | Business / Practice: | | |
| Street | | Suite# | Street | | Suite# |
| _____ | | _____ | _____ | | _____ |
| City | Prov./State | Postal Code/Zip | City | Prov./State | Postal Code/Zip |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Telephone | | Facsimile | Telephone | | Facsimile |
| () _____ | | () _____ | () _____ | | () _____ |
| Email | | | Email | | |
| _____ | | | _____ | | |

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|----------------------------------|--|----------------------------------|--|
| Spoken: | | Written: | |
| English <input type="checkbox"/> | | English <input type="checkbox"/> | |
| French <input type="checkbox"/> | | French <input type="checkbox"/> | |
| Other (please specify) _____ | | Other (please specify) _____ | |

Each Application Must Include the Following:

- Application form duly completed
- 2 passport photographs with Applicant's name in block letters and signature on the reverse side
- A copy of the Applicant's birth certificate, citizenship or record of landing notarized by a lawyer or notary public
- Complete official transcripts of marks at college or university level (only applicable to applicants who graduated from a non-Canadian School)
- An attestation that the Applicant holds a certificate from the George Brown College Denturism program **OR**
- An attestation that the Applicant holds a recognized diploma in accordance with the Agreement on Internal Trade (only applicable to individuals registered in another Canadian jurisdiction) **OR**
- Comprehensive credential report (only applicable to applicants who graduated from a non-Canadian school—see page 2)
- Authorization for collection of information
- A certified cheque or money order in the amount of \$175.00 (CDN) to process the application

Please attach passport photo here. Ensure that the Applicant's name is in block letters and signature is on the reverse side.

Please attach passport photo here. Ensure that the Applicant's name is in block letters and signature is on the reverse side.

Every false or misleading statement made by the applicant in this application or

I, _____
applicant given name(s) applicant surname

Living at _____
street address city

_____, am applying for a
Province/state country

certificate of registration with the College of Denturists of Ontario for a full scope of practice within the Province of Ontario.

I understand that if I take no action on my application in any 12 month period that the College of Denturists of Ontario will deem my application to be abandoned and will close the file. I will then have to file a new application for consideration.

I commit to comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Denturism Act, 1991*, the *Code* and the Regulations and Bylaws of the College of Denturists of Ontario.

I declare that all the information provided in this application is true and complete.

I authorize the College of Denturists of Ontario to verify the facts stated in this application.

Name of applicant (please print) Date

Signature of applicant

I attest that I have witnessed the applicant sign the application form on the line above

Name of witness (please print) Date

Signature of witness

Witness address: _____
Street address City

Prov/State Country