

Non-Council Committee Member Expression of Interest 2023-2024

Registered Denturists who are interested in serving on a College Committee(s) are asked to complete this form and submit it to the College by **Friday**, **May 26**, **2023**.

This form can be filled out **electronically** or by hand.

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Salutation:	Ms.	Mrs.	Mr.	Certificate of Registration #:
Last Name:				First Name:

Section 2: Committee(s) of Interest

Inquiries, Complaints & Reports

Discipline

Qualifying Examination

Registration

Fitness to Practise

Qualifying Examination Appeals

Quality Assurance

Patient Relations

Section 3: Statement of Interest

Please write a brief description of your interest in College Committee work and the contributions you feel you would make to this work.

Section 4: Declaration

I agree that if appointed to a College committee I will abide by the Regulated Health Professions Act, the Denturism Act, and the College By-laws.

Signature Date (mm/dd/yyyy)

Section 5: Form Submission

Submit the completed form to the College by one of the following methods:

Email: mcallaway@denturists-cdo.com Subject Line: Committee Application

Fax: 416-925-6332

Attn: Committee Application