

Qualifying Examination Assessor Application Form

This form can be filled out **electronically** or by hand. Please review **QE**: Assessor Eligibility & Selection Criteria before submitting your form to the College.

Section 1: Personal Information

Salutation:	Ms.	Mrs.	Mr.	Registration No.:		
Last Name:				First Name(s):		
Mailing Address:					Unit/Suite:	
City:				Province:	Postal Code:	
Email:						
Phone:				Fax:		

Section 2: Eligibility and Declaration

Please check all that apply below.

- 1. I have been a registered Denturist in a Canadian jurisdiction in the general active class for the past 5 years.
- 2. I am a member in good standing with the CDO.

A member in good standing means that you:

- Are not in default of payment of any fees with the CDO
- · Are not in default in completing and returning any forms required by the CDO
- Are not the subject of any disciplinary or incapacity proceedings by the CDO
- Have not been, in the past three years, a subject of disciplinary actions or an unresolved investigation by the CDO
 or any other professional body
- Have not had a finding of professional misconduct, incompetence or incapacity against you in the last 3 years.
- Have not been disqualified from Council or Committee in the previous three years
- Have demonstrated commitment to your own continuing professional development
- 3. I am not currently a member of Council, the Registration Committee, the Qualifying Examination Committee or the Qualifying Examination Appeals Committee with the CDO.
- 4. I do not hold an executive position with a professional association.
- 5. I currently practice in a patient care environment providing denturist services full or part-time.
- 6. I do not have immediate family or have a close associate who is a current or potential candidate.
- 7. I have not been involved in the past three years in curriculum development or in the training and/or assessment of professional skills of groups of students or candidates (e.g. professional practice labs, bridging programs or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations).
- 8. I have not been an instructor in a Denturism program within the last 3 years.
- 9. I am not currently involved in examination preparatory activities such as developing or providing practice questions, practice exams, educational sessions or coaching any current or potential candidates.

I declare that the information contained in this form is accurate and true.

Signature Date (mm/dd/yyyy)