



APPLICATION FOR REGISTRATION AS A DENTAL TECHNOLOGIST IN ONTARIO
(GENERAL CLASS)

Please ensure that you have completed all sections of the Application Form.

1. PERSONAL INFORMATION		
Legal Last Name:		
Legal First Name:	Legal Middle Name (if applicable):	
Have you ever legally changed your first or last name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list all former names:	
Commonly used first and last name to appear on register if different from legal name(s): <i>(Your name as it appears on the register, must be the name you use while practising dental technology.)</i>		
Home address:		
City/Town:	Province:	Postal Code:
Telephone #:		
Email address: <i>(You must provide an email address that you will check on a regular basis as the College of Dental Technologists of Ontario will communicate with you through this email address.)</i>		
Date of Birth:	Gender:	
2. PROFESSIONAL LIABILITY INSURANCE		
Insurance Information: <input type="checkbox"/> I declare that I am eligible for professional liability insurance that complies with the College of Dental Technologists of Ontario By-laws on Professional Liability Insurance.		
3. PROFESSIONAL HISTORY		
Have you ever been registered to practise as a dental technologist in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you answered 'Yes', documentation supporting the successful completion of an approved refresher course must be submitted.)</i>		
Are you or have you ever been registered/licensed/certified to practice as a dental technologist in another Canadian province or other country? <i>(If yes, list jurisdictions and dates of registration).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Jurisdiction/Dates of Registration: (1) _____ / _____ (2) _____ / _____		

Are you or have you ever been registered/licensed/certified to practise in another regulated profession in Ontario or elsewhere? **(If yes, list profession and jurisdictions).**

- Yes
- No

Profession/Jurisdiction

(1) _____ / _____

(2) _____ / _____

4. EMPLOYMENT ELIGIBILITY STATUS

A member of the College of Dental Technologists of Ontario may only engage in the practice of dental technology if the member is a Canadian citizen or a permanent resident of Canada or is authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of the profession.

Your current status is:

- Canadian Citizen
- Permanent Resident of Canada
- Authorized under the *Immigration and Refugee Protection Act (Canada)*

You must submit with this application a copy of one of the following:

For Canadian Citizens:

- Canadian Birth Certificate,
- Current Canadian Passport, or
- Citizenship Card

Permanent Residents of Canada:

- Permanent Resident Card,
- Record of landing, or
- Confirmation of permanent residency

Authorized under the Immigration and Refugee Protection Act (Canada):

- Immigration Canada Work permit (open or closed) with valid issuance and expiration date

5. APPLICANT'S DECLARATION

(1) Have you previously applied for registration with the College of Dental Technologists of Ontario? If so, when?

- Yes
- No

(2) Have you ever:

a. been denied registration/licensure in dental technology or any other profession in any jurisdiction:

- Yes
- No

b. had a finding of professional misconduct, incompetence or incapacity, or any similar finding, either inside or outside of Ontario for any profession you are or have been affiliated with:

- Yes
- No

c. been the subject of any legal proceeding for the unauthorized performance of a controlled act, unauthorized practice of a profession, use of a protected professional title or improperly holding oneself out as qualified to practise a profession or a similar issue:

- Yes
- No

d. had any of the following as a result of a charge under any federal, provincial, territorial or municipal law in Canada, or a charge under any law of a jurisdiction outside Canada:

- A conviction.
- A finding of guilt.
- A verdict of unfit to stand trial.
- A verdict of not criminally responsible on account of mental disorder.

e. had a finding of professional negligence or malpractice that did not result in the finding being reversed on appeal?

- Yes
- No

(Please provide a written explanation and any relevant documents for any questions for which you answered "yes".)

(3) Are you currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetence or incapacity or a similar investigation or proceeding, in any jurisdiction, as a dental technologist or other profession?

- Yes
- No

(If you answered "yes", please provide a written explanation and any relevant documents.)

(4) If you are a member of another regulated profession, are you in good standing, (i.e., all fees paid, all information provided, no outstanding investigations, proceedings or sanctions)?

- Yes
- No
- Not Applicable

(If no, please provide a written explanation and any relevant documents):

(5) If you were registered/licensed with a body responsible for the regulation of a profession, and you ceased being registered, were you in good standing, (i.e., all fees paid, all information provided, no outstanding investigations, proceedings or sanctions) at the time you ceased being registered?

- Yes
- No
- Not Applicable

(If you answered no, please provide a written explanation and any relevant documents):

(6) Is there any other event or information that could provide reasonable grounds for someone to believe that you will not practise dental technology in a safe and professional manner, with decency, integrity, honesty and in accordance with the law?

Yes

No

(If yes, please provide a written explanation and any relevant documents.)

(7) Are there any past suspensions or expulsions from an educational institution?

Yes

No

(If yes, please provide a written explanation and any relevant documents.)

I certify that the statements made by me on all pages of this application are complete and correct to the best of my knowledge and belief. I also certify that all statements made in all documents or other communications in support of my registration application are complete and correct to the best of my knowledge and belief. I understand that making a false or misleading statement on this application could result in the rejection of my application or if the College is made aware after I have been issued a certificate of registration, discipline measures up to and including revocation. While my application is being processed, I agree to notify the College in writing within 7 days of any change(s) to the information contained on this form, including personal data, and professional registration and conduct information.

I understand that the College of Dental Technologists of Ontario reserves the right to request additional information with respect to my application.

Dated this _____ day of _____, _____ at _____, _____
(day) (month) (year) (City/Town) (Province)

Name (please print)

(Signature)

A colour passport-type photograph taken within twelve months of the date of application must be included with the application.

THIS APPLICATION WILL BE PROCESSED WHEN ALL DOCUMENTS HAVE BEEN RECEIVED. IF THE COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO REQUESTS ADDITIONAL DOCUMENTATION OR INFORMATION AND YOU DO NOT RESPOND WITHIN 12 MONTHS THIS APPLICATION WILL BE CONSIDERED ABANDONED.