



## Attestation Form for "As of Right" Exemption

"As of Right" legislation in Ontario allows qualified dental technologists registered in other Canadian jurisdiction(s) to work in Ontario temporarily, for up to six months, while completing their registration with the College of Dental Technologists of Ontario (CDTO).

This form attests that an applicant meets the requirements to practice under As of Right and must be submitted to [registration@cdto.ca](mailto:registration@cdto.ca).

### Conditions of "As of Right" Exemption

I,  (Full Name), am applying to the College of Dental Technologists of Ontario (CDTO) under the "As of Right" exemption for out-of-province dental technologists. I hereby affirm that I meet all the conditions outlined in Ontario Regulation 321/25, Exemption – Restricted Titles, of the *Dental Technology Act, 1991* and declare the following:

- I am registered with:  
 (Name of Regulatory Authority in Canadian Jurisdiction)  
 (Registration Number)
- I hold in the above jurisdiction the equivalent of a certificate of registration in the General Class for Registered Dental Technologists in Ontario.
- I submitted my application for a certificate of registration to CDTO prior to providing professional services in Ontario.
- I have not been refused a certificate of registration in the profession by any regulatory authority in a Canadian jurisdiction or any regulatory authority in an American jurisdiction within the two years preceding the submission of my application for a certificate of registration to CDTO.
- There have been no findings of professional misconduct, incompetence or incapacity made about or against me as a result of a proceeding in relation to the profession of dental technology.
- I am not the subject of any current professional misconduct, incompetence, or incapacity proceeding or any similar proceeding in relation to the profession of dental technology.
- I hold professional liability insurance or benefits from professional liability insurance coverage or a similar protection that extends coverage to Ontario and which meets the requirements as outlined by CDTO.
- I understand that I must use only the titles, variations, abbreviations or equivalents in another language related to dental technology that could be used by a registrant of the General Class of registration.
- I understand that I may provide professional services to residents of Ontario only while I am physically present in Ontario.



## Loss of "As of Right" Exemption

I,  (Full Name), understand that I will lose my ability to practice dental technology in Ontario under the "As of Right" exemption if any of the following occur:

1. My application for a certificate of registration has been rejected by CDTO within the six (6) months following the day I first began to provide professional services in Ontario.
2. I have not been issued a certificate of registration by CDTO within six (6) months following the day I first began to provide professional services in Ontario.
3. I cease to satisfy a condition outlined under "Conditions of Exemption" (above).
4. I understand that any certificate of registration that results from my application is void and is deemed to have always been void if I have made any false or misleading representation or declaration on or in connection with my application, whether by commission or omission.
5. I understand that knowingly making a false representation for the purpose of obtaining a certificate of registration is an offence, and on conviction may result in a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence (s. 92(1) Health Professions Procedural Code).

I understand that if any of the conditions listed under "Loss of Exemption" apply to me, I am no longer permitted to practice dental technology in Ontario under the "As of Right" exemption, and I must immediately cease to practice and cease to hold myself out as a dental technologist in Ontario. I understand that I must immediately notify CDTO upon loss of exemption.

Declared on (DD/MM/YYYY)

Full Name

Signature