



MANDATORY REPORTING FORM

Last revised: February 8, 2017

This form is for regulated health professionals, employers or facility operators who are required to report a concern under the Regulated Health Professions Act (RHPA). Mandatory reporting is an essential method for the College to receive information regarding a member's professional misconduct, incompetence, professional negligence, sexual abuse or concerns regarding incapacity.

The College will review and/or investigate every report to protect the public from harm. Providing sufficient details with your report will assist the College greatly.

Should you wish to report a concern that falls outside the mandatory reporting duties, please contact info@cdto.ca or call 416-438-5003.

Section I: Type of Mandatory Report

Please indicate the type of mandatory report being made. Please check all applicable boxes.

Under the RHPA, section 85.1, **regulated health professionals** are required to report, if they believe:

- A health professional has sexually abused a patient

Under the RHPA section 85.2, **facility operators** are required to report, if they suspect:

- Sexual abuse of a patient by a health professional
- A health professional is incompetent
- A health professional is incapacitated

Under the RHPA section 85.5, **employers** are required to report:

- Termination, suspension, or revocation of privileges of a regulated health professional for reasons of professional misconduct, incompetence and/or incapacity
- An intention to terminate, suspend or revoke privileges of a regulated health professional – but the employee voluntarily relinquished privileges or resigned beforehand. For reasons of professional misconduct, incompetence and/or incapacity

Under the RHPA section 85.6, **members** are required to report:

- A finding of guilt of an offence
- A finding of professional negligence or malpractice

Section 2a: Information of Individual Initiating Report		
Surname		First Name
Regulated Health Profession to which you belong (if applicable)		
Work Address		Unit/Suite
City/Town	Province	Postal Code
Phone	Fax	Email

Section 2b: Information for Facility Operators & Employers (if applicable)		
Name of Facility		
Address		Unit/Suite
City/Town	Province	Postal Code
Phone	Fax	Email
Name of Contact Person		
Position		
Phone	Fax	Email

Section 3a: Information about Member Being Reported		
Surname		First Name
Registration Number (if known)		
Member's position (check all that apply): <input type="checkbox"/> Registered Dental Technologist (RDT) <input type="checkbox"/> RDT-in charge/Supervisor <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other: _____		
Business Address		Unit/Suite
City/Town	Province	Postal Code
Phone	Fax	Email

Describe any supporting documents that are available

Section 5: Signature of the Individual Initiating the Report

I understand that I am submitting a mandatory report to the College.

Signature

Date

Section 6: How to Submit the Form

Please submit this form in one of the following ways:

- Scan and email a copy to registrar@cdto.ca
- Fax a copy to 416-438-5004 to the attention of the Registrar
- Mail the form to:

Registrar
College of Dental Technologists of Ontario
Professional Conduct Department
305 Milner Ave., Suite 904
Scarborough ON M1B 3V4

If you would like assistance in completing the form or in regards to your mandatory reporting obligations as an employer, facility operator or regulated health professional, please contact registrar@cdto.ca or 416-438-5003.