



APPLICATION FOR TRANSFERRING FROM INACTIVE TO A GENERAL  
CERTIFICATE OF REGISTRATION AS DENTAL TECHNOLOGIST IN ONTARIO

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

**1. PERSONAL INFORMATION**

Legal Last Name:	Member Number:
Legal First Name:	Legal Middle Name:

**2. 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:*

- *Canadian Birth Certificate,*
- *Current Canadian Passport,*
- *Citizenship Card,*
- *Landed immigrant papers, or*
- *Certificate of authorization for employment (work permit).*

**3. PROFESSIONAL LIABILITY INSURANCE**

Insurance Information:

- ☐ I declare that I have obtained professional liability insurance that complies with the College of Dental Technologists of Ontario's By-laws on Professional Liability Insurance.

Name of Insurance Company: \_\_\_\_\_

Policy/Cert No. \_\_\_\_\_ Expiry Date of Policy: \_\_\_\_\_

**4. INACTIVE STATUS**

Have you been inactive for more than 2 consecutive certification years? ☐ Yes ☐ No

**I certify that the statements made by me on this 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.**

**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)

You must complete authorization for credit card payment form in order for your application to be processed.