



**APPLICATION FOR REVIEW AND ASSESSMENT PRIOR TO LICENSURE
INTERNATIONAL APPLICANTS**

PERSONAL INFORMATION/CONTACT INFORMATION

Surname & Given Name(s) of candidate at birth: _____

Surname & Preferred First Name of candidate, if different than above: _____

Year of birth _____ Country of post-secondary study _____

Are you a Canadian citizen? _____ If not, are you a landed immigrant? _____

Home address: _____ Daytime Phone: _____

Name and Address of place where you principally practice your profession: _____

Office Phone: _____ Email: _____

CURRENT/PREVIOUS JURISDICTION LICENSURE

Type of license currently held: Full/Active (no conditions from previous or current jurisdiction)
 Conditional/Temporary/Provisional (please provide details):

List any additional educational requirements or continuing practice requirements imposed by your current regulatory body, as a condition of your licensure: _____

TEACHING INSTITUTIONS ATTENDED:

A) College: _____
(name) (city, country) (year completed) (diploma/degree attained)

B) University: _____
(name) (city, country) (year completed) (diploma/degree attained)

NUMBER OF YEARS IN PRACTICE: _____

Country/Countries of Practice _____

EXPERIENCE WITH REMOVABLE PROSTHESIS: _____

REQUIREMENTS

Internationally educated applicants will be assessed based on prior learning on complete and partial dentures. Applications from those who are educated in Dentistry or Dental Technology will not be accepted. Based on the results of the assessment examination, the Admissions Committee will recommend to the Denturist Board of Manitoba if the applicant should be accepted as an Intern in the Province of Manitoba, for a period of time to be determined by the Admissions Committee. Internship is served under the direct supervision of a licensed Denturist in Manitoba.

Candidates must verify their education documents by applying to Worldwide Education Services (WES) at <https://www.wes.org/>. Any and all fees associated with this evaluation is the sole responsibility of the candidate. It is recommended that **Candidates apply for a WES Course by Course Evaluation ICAP. It is important to note that the Denturist Association of Manitoba must be selected as a recipient of a second copy of the evaluation.** We will not accept evaluation reports from candidates, we will only receive reports directly from WES.

The candidate will attach the following documents:

- A copy of the first page of passport
- Proof, of the candidate's knowledge of the English language as outlined in the Denturist Association language proficiency requirements (see Annex B)
- Annex "A" duly completed
- Letter from current regulatory body confirming membership status, license class (if applicable) and attesting the applicant is a member in good standing.
- A cheque covering fees for opening the file (\$250.00 CDN)

Contact the Admissions Chair in the event you cannot produce documents listed above. In lieu of documents that are unavailable for submission (i.e. loss, translation not available), the Admissions Chair may verbally question and assess the applicant.

Registration decisions will usually be made within 5 days. More complex decisions might require more time.

Depending on the results of the prior learning assessment, education level, skills, training, practical examination, or the information provided in Annex A herein, the Admissions Committee may choose to not recommend to the Board of Directors that an applicant be approved for licensure or internship. If the decision of the Admissions Committee is in dispute, the applicant may submit a Request for Appeal, in writing, within 30 days, to the Internal Review-Audit Committee of the Denturist Association of Manitoba. Procedures for appeals are available by contacting the association office.

File number: _____ Court: _____

Province: _____

2. Have you ever been convicted of a criminal infraction by a foreign court? (Answer no if you have received a pardon for this infraction).

Yes No

If yes, specify/elaborate: _____

Date of judgement: _____

Nature of infraction: _____

Sentence: _____

Place: _____ Court: _____

Signed: _____ Date: _____
Candidate year/month/day

3. Are there currently any criminal charges pending against you?

Yes No

If yes, specify/elaborate: _____

Date of charges: _____

Nature of charges: _____

Estimated trial date: _____

Place of expected trial: _____ Court: _____

Signed: _____ Date: _____
Candidate

RETURN TO DENTURIST BOARD OF MANITOBA
PO Box 49034
RPO Garden City
Winnipeg MB R2V 4G8

ANNEX B

Denturist Association of Manitoba - LANGUAGE PROFICIENCY POLICY

The purpose of this policy is to define language proficiency requirements for international applicants requesting to become a member of the Denturist Association of Manitoba (DAM). Applicants are responsible for the cost of language proficiency tests.

DAM recognizes that patient safety is key in our profession and therefore must ensure our members are proficient in their speaking, listening, reading, and writing abilities, in order to provide safe oral care.

- Combined language proficiency test scores are acceptable, only through language testing agencies with policies that permit combined scoring, and only where the combined scores of the applicant meet the testing agencies policies. Important to note that English and French scores cannot be combined.
- Language Proficiency test results are valid for up to 2 years from the date the test was administered to the time the application was received. The test results will remain valid throughout the application process, until the applicant receives a final decision from the Admissions Committee.
- Applicant's test results must be sent directly from the language testing agency to the Denturist Association of Manitoba's Admissions Committee or delegate.
- Language Proficiency testing is waived for those applicants who have graduated from a denturist program, that was completed in its entirety in English or French.
- Language Proficiency testing is waived for applicants whose first or primary language is English or French.

English Language Proficiency

Applicants who have not completed a denturist program entirely in English, or whose first or primary language is not English, must complete a standardized language proficiency test administered by a recognized 3rd party testing agency and meet or exceed the minimum cut-off score for that test. The cut-off scores required in the approved language tests reflect the minimum level of English language proficiency the Denturist Association of Manitoba believes is necessary for a prospective applicant to function successfully as a Registered Denturist. These cut-off scores are equivalent to a Canadian Language Benchmark (CLB) 7.

Canadian English Language Proficiency Index Program (CELPPIP)

www.celpip.ca

| | |
|------------|-----|
| Reading: | 7.0 |
| Listening: | 7.0 |
| Speaking: | 7.0 |
| Writing: | 7.0 |

International English Language Testing System (IELTS) – General or Academic Test

www.ieltscanada.ca

| | |
|------------|-----|
| Reading: | 6.0 |
| Listening: | 6.0 |
| Speaking: | 6.0 |
| Writing: | 6.0 |

Note: The Denturist Association of Manitoba requires our applicants to complete the IELTS General Test. If an applicant has undertaken the IELTS Academic version, then we would accept this as well, as long as the above criteria is met.

French Language Proficiency

Applicants who have not completed a denturist program entirely in French, or whose first or primary language is not French, must complete a standardized language proficiency test administered by a recognized 3rd party testing agency and meet or exceed the minimum cut-off score for that test. The cut-off scores required in the approved language tests reflect the minimum level of French language proficiency the Denturist Association of Manitoba believes is necessary for a prospective applicant to function successfully as a Registered Denturist.

Test de connaissance du français (TCF Canada)

<https://www.france-education-international.fr/en/test/tcf-canada?langue=en>

| | |
|------------|---------|
| Reading: | 453-498 |
| Listening: | 458-502 |
| Speaking: | 10-11 |
| Writing: | 10-11 |

Test d'évaluation de français (TEF Canada)

<https://www.lefrancaisdesaffaires.fr/en/candidate/test-evaluation-francais/tef-canada/>

| | |
|------------|---------|
| Reading: | 434-461 |
| Listening: | 434-461 |
| Speaking: | 456-493 |
| Writing: | 428-471 |