APPLICATION FOR REVIEW AND ASSESSMENT - LABOUR MOBILITY APPLICANTS

PERSONAL INFORMATION/CONTACT INFORMATION

Surname and Given Name(s) at birth: _____

Legal Surname and Given Name(s) *(if different than above)*: _____

Preferred Name *(if different than above)*: _____

Date of Birth *(day/month/year)*: _____ Birthplace *(city, province/state/country)*: _____

Gender Identification *(Male/Female/Other)*: _____

Country of post-secondary study: _____

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

If you are a landed immigrant, how long have you been living in Canada? _____

Home address: _____

Primary Phone: _____ Secondary Phone *(if applicable)*: _____

Email: _____

CURRENT/PREVIOUS JURISDICTION LICENSURE

What province(s) are you currently licenced in? _____

Type of licence currently held:
- ❑ Full/Active (no conditions from previous or current jurisdiction)
- ❑ Conditional/Temporary/Provisional (please provide details)
- ❑ Other: provide details _____

Licence Number: _____ **A copy of current licence must be provided**.

Number of Years in Practice: _____

Full Name and Address of primary clinic you currently practice out of: _____

_____

Clinic Phone: _____

LANGUAGES & PRACTICAL EXPERIENCE

Language(s) Spoken: French _____ English _____ Others (specify): _____

Language(s) Written: French _____ English _____ Others (specify): _____

The applicant must attach the following documents to their application:

- ❑ A copy of birth certificate
- ❑ Copy of current Licence/Wall Certificate or proof of Membership Registration with current College/Association.
- ❑ Copy of current Professional Liability Insurance Certificate
- ❑ Annex "A" duly completed
- ❑ Letter of Standing from the applicant's current regulatory body confirming membership status, licence class (as applicable) and member in good standing.
- ❑ The administrative fee for opening the file is $250.00 CDN. Payment can be made via e-transfer or by calling our office to provide a credit card number.

Contact the Administrator in the event you cannot produce the documents listed above. In lieu of documents that are unavailable for submission (i.e. loss, translation not available), the Admissions Committee may request to assess the applicant's qualifications directly via a virtual or in-person meeting.

Registration decisions will usually be made within 5 days. More complex decisions may require more time.
The applicant will be notified of the Admission Committee's decision via email.

I give my consent for the Denturist Association of Manitoba to contact my current regulatory body to confirm Letter of Standing.

Dependent on the information given in this application, and/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.

Applicants may also request, in writing, that the Admissions Committee release all records relating to the original application that are in its custody or under its control, excepting in circumstances outlined in the Fair Registration Practices in Regulated Professions Act Section 10 (2). Reasonable cost recovery may be assessed, depending on any regulations to the Act.

By completing and signing this Application for Review and Assessment Labour Mobility, the applicant confirms that all information contained in this application, along with any and all documentation submitted in support of this application to be true and accurate.

_____
Name

_____ _____
Signature Date *(day/month/year)*

ANNEX A

DISCIPLINARY DECISIONS

1. Are you or have you ever been a member of another professional governing body other than denturism?
   ❑ Yes ❑ No

   If yes, specify:
   Board: _____

   Licence number: _____

   Issue Date: _____ Expiration: _____
   (day/month/year) *(day/month/year)*

2. Have you ever been the subject of a disciplinary action from this board?
   ❑ Yes ❑ No

   If yes, specify:
   Date of decision: _____

   Nature of infraction: _____

   Nature of sanction: _____

3. Are you currently practicing or have you ever practiced denturism in another province, Canadian territory or foreign country? ❑ Yes ❑ No
   If yes, specify:
   Province, territory or country: _____

   Name of the organization you were a member of: _____

   _____

   Licence number: _____

   Issue Date: _____ Expiration: _____
   (day/month/year) *(day/month/year)*

4. Have you ever been subject of a disciplinary action from this organization (or any other jurisdiction)?
   ❑ Yes ❑ No

   If yes, specify:
   Date of decision: _____

   Nature of infraction: _____

   Nature of sanction: _____

CRIMINAL OFFENCES

1. Have you ever been convicted of a criminal infraction by a Canadian court? (Answer no if you have received a pardon for this infraction) Highway Traffic Act offenses are not Criminal Offences.
   ❑ Yes ❑ No

   If yes, specify:
   Date of judgement: _____

   Nature of infraction: _____

   Sentence: _____

   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:

Date of judgement: _____

Nature of infraction: _____

Sentence: _____

Place: _____ Court: _____

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

❑ Yes ❑ No

If yes, specify:
Date of charges: _____

Nature of charges: _____

Estimated trial date: _____

Place of expected trial: _____ Court: _____

PROFESSIONAL LIABILITY INSURANCE

1. Have you ever had a professional liability claim filed against you?

❑ Yes ❑ No

If yes, specify:
Case Number: _____

Case details: _____

_____
Name

_____ _____
Signature Date *(day/month/year)*

RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO THE DENTURIST BOARD OF MANITOBA:

P.O. Box 49034
RPO Garden City
Winnipeg, Manitoba R2V 4G8
Phone: (204) 897-1087
administrator@denturistmb.org