



## 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: \_\_\_\_\_

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### 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): \_\_\_\_\_

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The candidate will attach the following documents:

- A certified extract of birth certificate
- Copy of current licence
- 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 might require more time.

I understand that the Denturist Association of Manitoba, and authorized persons acting on its behalf, may contact any educational institution: assessment, examination, or credentialing agency; previous or present employers; or any governing or regulatory body to obtain information which would assist the Association in determining my eligibility to be registered as a licenced denturist in Manitoba. I give my consent to any institution, agency, employer, governing body, or regulatory body to release such information when requested by the Denturist Association of Manitoba.

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.

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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)*

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: \_\_\_\_\_

2. 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)*

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: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (day/month/year)

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**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](mailto:administrator@denturistmb.org)