



Chief Examiner Application Form

This form can be filled out **electronically** or by hand. Please review [Chief Examiner Roles and Responsibilities](#) before submitting your form to the College.

Section 1: Personal Information

Salutation: Ms. Mrs. Mr.

Registration No.:

Last Name:

First Name(s):

Mailing
Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Section 2: Education and Relevant Experience

Please list all relevant Denturism experience including education, involvement with College activities and relevant work experience. Be sure to include as much information as possible including the name of the educational institution, year of graduation and diploma awarded.

Section 3:

Please state the qualities you feel are necessary that are required for the Chief Examiner role:

Please describe how you would establish and maintain a safe and respectful examination culture:

During the course of your tenure, what professional development events/activities would you require?:

Section 4: Eligibility and Declaration

Please check all that apply below.

- 1. I am a registered Denturist with the College of Denturists of Ontario
- 2. I have been a registered Denturist in a Canadian jurisdiction in the general, active class, or equivalent, for at least ten (10) years
- 3. I am a member in good standing with the College. A member in good standing means that you:
 - Are not in default of payment of any fees with the CDO as prescribed by the College By-Laws
 - Are not in default in completing and returning any forms required by the College
 - Are not the subject of any disciplinary or incapacity proceedings by the College
 - Have not been, in the past five (5) years, a subject of any findings related to professional misconduct, incompetence, or incapacity
 - Have not had my Certificate of Registration revoked or suspended in the preceding five (5) years for any reason other than non-payment of fees
 - Are not currently subject to any terms, conditions, or limitations imposed by either the Discipline or Fitness to Practise Committees of the College
- 4. I do not hold or have not held in the past five (5) years, a position such as director, owner, board member, officer or employee, with any provincial or national Professional Association whose business is directed towards the profession of Denturism
- 5. I am not currently or have not been in the past five (5) years, involved in teaching denturism in an academic setting or bridging program or the training and/or assessment of professional skills of group of students or candidates (e.g., professional practice labs, or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations)
- 6. I am not currently or have not been in the past five (5) years, involved in denturism program curriculum development

- 7. I am not currently a member of Council, the Registration Committee, the Qualifying Examination Committee, or the Qualifying Examination Appeals Committee
- 8. I have not been disqualified from Council or a Committee within the past five (5) years
- 9. I am not a current member of a council of any other College regulated under the RHPA
- 10. I am not or have not been in the past five (5) years been an employee of the College
- 11. I do not have immediate family or have a close associate who is a current or potential candidate

I declare that the information contained in this form is accurate and true.

Signature

Date (mm/dd/yyyy)

Please submit your application electronically by Friday November 17, 2023 to the following email address: info@denturists-cdo.com