

COLLEGE OF ALBERTA DENTURISTS

Certificate of Professional Conduct

Complete Section 1 of this form, submit it to the regulatory body for completion of Sections 2-3 and submission to the College of Alberta Denturists. Submit individual request to each regulatory body with which you are currently, or have been registered.

Section 1: Applicant's Contact information

Salutation: Ms. Mrs. Mr.

Full Name: _____
Last First Middle Initial

Former Name(s): _____

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Home Phone: () _____

Cell Phone: () _____

Section 2: Regulatory Body Reporting Information:

REPORT OF PROFESSIONAL CONDUCT

Regulatory Body: _____

Certificate of Registration: _____

Period of Registration From: _____ To: _____

Class of Registration:

General Inactive Temporary Provisional Other

Has the Registrant have any outstanding obligation including those related to unpaid fees or requirements for information? Yes No

To your knowledge, does the registrant have any pending criminal or relevant civil proceedings? Yes No

Section 2: Regulatory Body Reporting Information Continued:

To your knowledge, are there any criminal or relevant civil findings against the Registrant? Yes No

Has the Registrant ever had a finding of professional misconduct, incompetence or incapacity, or a like finding made against him/her? Yes No

Is the Registrant currently under investigation or involved in any proceedings for Conduct related to professional misconduct, incompetence or incapacity, or any like investigation or proceedings? Yes No

Does the Registrant have any terms, Conditions, or limitations on his/her Certificate of Registration? Yes No

Does your Organization have any other information relevant to the suitability of the Registrant to practice denturism that is not disclosed above? Yes No

If the answer is "yes" to any of the above questions, please provide details below: (you may attach additional sheets if necessary)

Section 3: Declaration, Signature & Seal

3A) Declaration

_____ acting on behalf of _____
(Print Name)

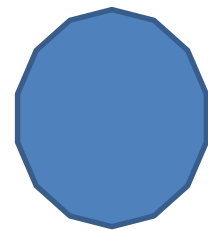
Do hereby certify that the foregoing statements are true statements of the registration for

(Name of Registrant)

3b) Signature and Seal

Signature

Date (mm/dd/year)



Official Seal

Section 4: Form Submission

Submit the completed form to:

**College of Alberta Denturists
Attn: Registrar
Suite 405, 10408-124 Street
Edmonton, Alberta T5N 1R5**