



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

PERSONAL INFORMATION/CONTACT INFORMATION

Surname and given name(s) of candidate at birth _____

Surname and given name(s) 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 telephone no: _____

Address of place where you principally practice your profession: _____

Office telephone number: _____ Fax number: _____ 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) (place) (year completed) (diploma/
degree attained)

B) University _____
(name) (place) (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 http://www.wes.org/application/apply_now.aspt. The cost of this evaluation is the responsibility of the candidate. Applications can either be submitted online or mail by printing out a PDF copy of the form (note: there is a \$30 processing fee for paper applications). Candidates are to apply for a WES Basic Comprehensive Course by Course Evaluation ICAP and 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.

Dependent 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.

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: _____

License number: _____

Issue Date: _____ Expiration: _____

year/month/day

year/month/day

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 practising or have you ever practised 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: _____

License number: _____

Issue Date: _____ Expiration: _____

year/month/day

year/month/day

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/elaborate: _____

Date of judgement: _____

Nature of infraction: _____

Sentence: _____

Place: _____ Court: _____

Signed: _____ Date: _____

Candidate

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

DAM Language Proficiency Requirements

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 or French language proficiency the Denturist Association of Manitoba believes is necessary for a prospective applicant to function successfully as a Registered Denturist.

- ❖ Applicants are responsible for the cost of language proficiency tests.
- ❖ Test results will be considered valid for 2 years from the date the test was administered.
- ❖ The test results must be sent directly from the language testing agency to DAM.

English Language Proficiency Programs Accepted

Canadian English Language Proficiency Index Program (CELPIP)

www.celpip.ca

Reading: 7.0

Listening: 7.0

Speaking: 7.0

Writing: 7.0

International English Language Testing System (IELTS)

www.ieltscanada.ca

Overall minimum of 7.0 (academic and/or general training), including a minimum of:

Reading: 6.5

Listening: 7.0

Speaking: 7.0

Writing: 6.5