



**APPLICATION FOR REVIEW AND ASSESSMENT  
LABOUR MOBILITY 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 birth \_\_\_\_\_ Gender (Male/Female) \_\_\_\_\_

Country of post-secondary study \_\_\_\_\_

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

Do you have Permanent, or Temporary Status? \_\_\_\_\_

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

Home address: \_\_\_\_\_ Daytime telephone no: \_\_\_\_\_

Address of place where you principally practice your profession: \_\_\_\_\_

Office telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

**CURRENT/PREVIOUS JURISDICTION LICENSURE**

What province are you currently licensed to practice in? \_\_\_\_\_

Type of license currently held:  Full/Active (no conditions from previous or current jurisdiction)

Conditional/Temporary/Provisional (please provide details):

License Number: \_\_\_\_\_

**A copy of the license must be provided.**

**LANGUAGES & PRACTICAL EXPERIENCE**

Language(s) spoken: French \_\_\_\_\_ English \_\_\_\_\_ Others (specify): \_\_\_\_\_

Language(s) written: French \_\_\_\_\_ English \_\_\_\_\_ Others (specify): \_\_\_\_\_

**NUMBER OF YEARS IN PRACTICE:** \_\_\_\_\_ Province of Practice \_\_\_\_\_

The candidate will attach the following documents:

- A certified extract of birth certificate
- Proof, where required by law, of the candidate's knowledge of the official language as outlined in the Denturist Association of Manitoba language proficiency requirements (Annex B). **The Admissions Chair can waive this requirement if they deem it unnecessary, the candidate will be informed of the decision.**
- Annex "A" duly completed
- Authorization for collection of information
- 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 the 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 information given in this application, 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.

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 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: \_\_\_\_\_

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:

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:

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 69012  
RPO Tuxedo Park  
Winnipeg MB R3P 2G9