



How do I renew my Registered Dental Assistant (RDA) License online?

Step 1: Log in to your Manitoba Dental Association member account:

<https://www.manitobadentist.ca/members-login>

What's my username?

- Your email address* that you submitted to the MDA OR
- The digits after "070-" of your MDA member ID#. This could be 1, 2, 3 or 4 digits.

Example:

4 digits MDA ID#: 070-2387 Username: 2387	3 digits MDA ID#: 070-168 Username: 168
2 digits MDA ID#: 070-22 Username: 22	1 digit MDA ID#: 070-8 Username: 8

*If you're having issues logging in using your email address, please call the MDA to verify the email address in our system.



Step 2: Under My Account, you will see the message:

“It’s time to renew your licence. Renew by April 30th, 2025 to avoid late fees.”

Click the “Renew Online” button to begin the process.

Change Password Logout

My Account

Continuing Education +

e-Alerts

Office Assessment Resources

Resources

2024 Fee Guides

Infection Prevention and Control Practices (IPC)

Neuromodulators and Dermal Fillers

Careers & Practices For Sale

Payment History

Bylaw

Summary

Name:	Demo RDA
Email:	seo@webwizards.ca
MDA ID:	000-002
CE Anniversary Date:	May-01-2025
CPR Expiry Date (BLS):	Oct-28-2025
CPR Expiry Date (HEARTSAVER AED):	Jan-01-2025
CPR Expiry Date (Unspecified):	Jan-02-2025
Status ID:	19

It's time to renew your licence. Renew by April 30th, 2025 to avoid late fees.

Renew Online

Step 3: Select your Registration Renewal Category

Dental Assistant Licence Renewal

If you require any assistance completing the Dental Assistant Licence renewal, please contact Courtney Razmus at (204) 560-0845 or rdarenewals@manitobadentist.ca.

If you prefer to pay by cheque, please download, print, and complete the provided *2025 Dental Assistant Licence Renewal Notice Form* document (requires Microsoft Word). Additionally, if you choose to pay in two payments of \$140, payment must be paid by cheque. Please include two cheques with your completed paper renewal form, with the first payment dated on or before April 30th, 2025 and the second payment dated for Sept 15, 2025.

[Download Renewal Form](#)
(for cheque payments only)

Jane Granger Smith
ID# 12345

CE Anniversary date
April 30, 2025

CPR Expiration date(s)
March 7, 2027

Registration Renewal Category

- Registered Dental Assistant (\$260)
- Non-Practising (\$50)
- Resigned
- Retired



Step 4: Scroll down through the form and review each item:

Name

Is your name now different than the one on this renewal form?

- Yes
 No

If your name is different from the one on the form, please upload a certified copy of a legal document certifying name change (e.g., Marriage Certificate, Legal Name Change Decree, etc.) Accepted file types are .jpeg, .jpg, .png, .gif & .pdf

Practice Name(s) & Address(es)

Please list each additional office you are currently working at.

- There are no changes to Practice Name(s) & Address(es) since the last Licence Renewal
 Changes to Practice Name(s) & Address(es) are as follows

If there are changes to the practice name(s) & address(es), a box will appear to provide changes.

Certificate

The Annual Dental Assistant Certificate must be displayed in each facility where you practice dental assisting. How many certificates do you need printed?

Number of Certificates Requested

1

Preferred Mailing Address and Contact Information

- There are no changes to Preferred Mailing Address and Contact Information below
 Changes to Preferred Mailing Address and Contact Information are as follows

Jane Granger Smith

Unit ABC, 123 Main St.

City, Province R0R 0R0

Telephone: 204-123-1234

Cell phone:

Email address: janesmith@mail.ca

Please review your mailing address and contact information. If there are changes to your address and contact information, please update the appropriate field.



Step 5: Review the Declarations for the following:

- Health and Health History
- Continuity of Practice
- Regulatory Conduct
- Judicial Conduct
- Statutory Review



Declarations

If you answer yes to any of the following questions a text box will appear to provide written details.

Health and Health History

Do you currently have a physical, mental or addiction disorder or condition which may impair your ability to practise dental assisting safely and competently, or, if left untreated, would impair your ability?

Yes No

Have you at any time in the previous 10 years suffered from a physical, mental or addiction disorder or condition which has or had impaired your ability to practise dental assisting safely, or, if left untreated, would have impaired your ability?

Yes No

Include in your written details the names and addresses of healthcare practitioners who have treated you for your disorder or condition. Please complete and provide a [Consent to Release Health Information form](#) for each healthcare provider to MDA.

Continuity of Practice

Has there been a period of three years or more since obtaining your diploma/certificate/degree from a training programme when you did not practise on a continuous and regular basis in Canada or the United States of America?

Yes No

Include in your written details a description of reason and activities during time period not practising dental assisting.

Regulatory Conduct

Do you have any current or had previous restrictions, conditions or limitations on your entitlement to practise any health profession in any jurisdiction?

Yes No

Have you at any time been subject to a finding of professional misconduct, conduct unbecoming or incompetence related to the practice of a health profession in any jurisdiction?

Yes No

Are there any current investigations, review, proceedings or appeals in any jurisdiction that could result in restrictions, conditions or limitations being placed on your ability to practise a health profession or suspension or cancellation of your entitlement to practise a health profession?

Yes No

Have you ever voluntarily surrendered your licence/registration to practise a health profession?

Yes No

Judicial Conduct

Have you ever been found guilty of a criminal offence, either in Canada or in any other jurisdiction? This includes a finding of guilt under the Criminal Code of Canada, the Controlled Drugs and Substances Act (Canada) formerly the Narcotics Control Act (Canada) and the Food and Drug Act (Canada) or any other offence where the penalty could have resulted in your being incarcerated?

Yes No

Are criminal charges pending or outstanding against you in any jurisdiction?

Yes No

Have you at any time been the subject of a finding or negligence, professional malpractice or civil fraud in any jurisdiction?

Yes No

Statutory Review

Are you listed on any child abuse registry in any jurisdiction?

Yes No

Are you listed on any adult abuse registry in any jurisdiction?

Yes No

Step 6: Declaration and Signature

Carefully read the declaration and ensure that you fully understand the statement. Type in the City and Province where you are filling out the online form and sign in the box. To sign, you can:

- Use the mouse if you are completing the form on a computer.
- Or use your finger if you are using a tablet or phone.

Declaration

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my renewal application, I shall be deemed not to have satisfied the requirements for licensure. I further understand and agree that if a licence should be issued to me based upon a false or misleading statement or representation that said licence is subject to immediate suspension.

Taken in the City and Province of

Winnipeg, MB

This 5th day of March, 2025.

Signature of Member (sign below)

Clear Signature

Continue



Step 7: Review all the renewal information.

Dental Professionals ▶ Registered Dental Assistants

Dental Assistant Licence Renewal

Please review all renewal information and click "Continue to Checkout" to continue.

Your Full Name ID# 816	CE Anniversary date April 30, 2025
Registration Category Registered Dental Assistant (\$260)	CPR Expiration date(s) July 30, 2025

Declaration

I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my renewal application, I shall be deemed not to have satisfied the requirements for licensure. I further understand and agree that if a licence should be issued to me based upon a false or misleading statement or representation that said licence is subject to immediate suspension.

Taken in the City and Province of **Winnipeg, MB** this **5th day of March, 2025** .



Signature of Member

Dental Assisant Renewal Fee

The Dental Assistant Renewal fee is \$260.00. A 2.5 % processing fee applies to Credit Card payments (total: \$266.50).

Late Fee

If the renewal and payment are not received by April 30, 2025, a late fee of \$2.50 will be added for every day after April 30, 2025.

Billing information will be requested in the next step.

Please note that a 2.5% processing fee applies to Credit Card payments.

If, upon review, there are changes you still need to make, please click the "Edit" button.

If all the renewal information is satisfactory, click the "Continue to Checkout" button.



Step 8: Billing Info

Enter the information associated with the credit card you will use to complete the payment.
Click the Continue button.

Dental Professionals ▶ Registered Dental Assistants

Dental Assistant Licence Renewal

Item	Price	Qty	Total
2025 Dental Assistant License Renewal - Your Full Name	\$266.50	1	\$266.50

Total: \$266.50

** All prices are in CAD*

Billing Info

First Name *

Last Name *

Email *

Company Name

Address *

City/Town *

Province *

Postal Code *

Phone Number *

[Continue](#)



Step 9: Payment Info

Payment Info

We accept the following credit cards



Cardholder Name *

Credit Card Number *

Expiry Date *
MM YY

CVV *

You will receive a confirmation that your RDA Licence Renewal Application has been submitted.



FAQ

a. Can I still pay by cash or cheque?

Yes, you can! As mentioned in Step 2, click on "Renew Online" and on the Dental Assistant Licence Renewal page, click on the "Download Renewal Form". This will download the Microsoft Word version of the renewal form with your information. Please fill out and sign the form.

Dental Assistant Licence Renewal

If you require any assistance completing the Dental Assistant Licence renewal, please contact Courtney Razmus at (204) 560-0845 or rdarenewals@manitobadentist.ca.

If you prefer to pay by cheque, please download, print, and complete the provided *2025 Dental Assistant License Renewal Notice Form* document (requires Microsoft Word). Additionally, if you choose to pay in two payments of \$140, payment must be paid by cheque. Please include two cheques with your completed paper renewal form, with the first payment dated on or before April 30th, 2025 and the second payment dated for Sept 15, 2025.

Download Renewal Form

(for cheque payments only)

<p>Jane Granger Smith ID# 12345</p>	<p>CE Anniversary date April 30, 2025</p> <p>CPR Expiration date(s) March 7, 2027</p>
--	---

Registration Renewal Category

- Registered Dental Assistant (\$260)
- Non-Practising (\$50)
- Resigned
- Retired

For cheque payments, you can mail the form and cheque to:
Manitoba Dental Association
202-1735 Corydon Ave.
Winnipeg, MB R3N 0K4

For cash payments, please bring your completed form to the MDA Office. Do not mail cash.

b. Is the two-payment option still available?

Yes, the two-payment option is still available if you pay by cheque. Please include two cheques for \$140 each with your completed paper renewal form. The first payment must be dated on or before April 30, 2025, and the second payment dated for September 15, 2025