

Signature of Member

| DENTAL ASSISTANT CANCELLATION FORM | | | | COMPLETE THIS FORM WITH PROVIDE CONTACT INFORM | • |
|--|----------------|---|-----------------------------|--|--------------------------|
| REASON FOR CANCELLA ☐ RETIRED ☐ RETURN TO SCHOOL | ` □ I | CT ONLY ONE) LEAVING PROVI CHANGING PRO | NCE | SUBMIT ALL DOCUMENTS TO | O MDA. |
| SURNAME | GIV | EN NAMES (PLACE | ASTERIK BESIDE PREFERENC | CE) MDA REGISTR | ATION NUMBER |
| | | | - | r □cancel my membership i the date the MDA receives | |
| | | _ | • | Assistant Change of Status as a non-practising member | • • |
| I understand my responsi | bility to mair | ntain the confider | ntiality of patients' perso | nal health information even | after my resignation. |
| I declare I have read, und a member of the MDA. | erstood and | agree to the info | rmation provided on the | reverse of this page, if I cho | oose to be reinstated as |
| I declare that I understan | d I am statut | orily subject to th | ne peer review process fo | or five years after the MDA re | eceives my resignation. |
| I declare that I shall notify | y the MDA of | any changes to t | he contact information I | am including with this decla | ration. |
| MAILING ADDRESS: | SUITE | STREET | CITY | PROVINCE | POSTAL CODE |
| | TELEPHONE | | CELLULAR TELEPHON | E EMAIL | |
| Taken and witnessed in the | ne city and P | ovince of | | | |
| this day of | | , 20 <u></u> | | | |
| | | | | | |

Signature of Witness

IN ORDER TO RESIGN YOUR LICENCE, YOU MUST:

□READ INFORMATION ON BACK OF FORM;

INFORMATION FOR DENTAL ASSISTANTS CONSIDERING NOT RENEWING, RETIREMENT OR RESIGNATION

A standardized process for members who are leaving or retiring from the practise of dental assisting in the Province has become necessary to manage increasing membership numbers. In addition, there are some regulatory responsibilities regarding notification that dental assistants be aware of and manage prior to leaving practice in the Province.

The term resignation is used to encompass all situations where a member is leaving the practice of dental assisting in the Province.

In order to meet these needs, please complete the form and declarations on the reverse of this document. Until this signed form is received at the MDA offices, you are considered a member with the same responsibilities and obligations to meet continuing competency requirements, maintain malpractice insurance and pay fees.

The MDA cannot remove you from the registry of practising members and complete your liability insurance *Request for Non-Practising Status of Malpractice Insurance* until this form is received.

If you submit this form before April 30th, you will not be required to pay the annual licence renewal fee for the upcoming year. If you submit the form after April 30th, you will be required to pay the annual licence fee. A failure to pay that fee will result in a default of payment being recorded in your file. A default of payment will affect your ability to be reinstated in the Province as well as registration in other jurisdictions.

You may apply to have your membership reinstated at any time. Reinstatement will be governed by the legislation, bylaws and policies in place at the time of application for reinstatement.

The current process for most applicants requesting reinstatement within three years of resignation is to complete the necessary application form (*Dental Assistant Reinstatement Application form*) with the appropriate documentation and reinstatement fee. A review of the documents and your continuing education record will be performed. If appropriate, the application will be approved and with payment of the necessary licence fees, you will be reinstated.

Individuals shall be required to complete a new registration application (*Dental Assistant Initial Application form*) and submit the necessary documentation if they are requesting reinstatement after:

- 1. three years;
- 2. voluntarily surrendered to a complaints committee under the terms of section 25 and 25.2 of The Dental Association Act;
- 3. failed to comply with a decision of the Peer Review Committee including failing to attend to be cautioned;
- 4. resigning with restrictions, limitations or conditions on their licence; or
- 5. previously refused reinstatement.

Circumstances will determine the competency evaluation requirements that must be met prior to registration. The costs of any evaluation or assessment are the sole responsibility of the applicant. These costs can be substantial.

Applicants in default of any payment to the MDA shall not be considered for reinstatement or registration unless the applicant pays the prescribed fees and any penalties owed.

Please contact the Registrar if you have any questions about the information.