MANITOBA DENTAL ASSOCIATION 202-1735 Corydon Ave. Winnipeg, MB

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

CHECKLIST FOR FULL REGISTRATION AS A DENTAL ASSISTANT

☐ Read Instructional Guide to Completing Dental Assistant☐ If already licensed with the MDA, you may use the Dent	, ,
FORMS ☐ Identified Full Registration as the category ☐ Answered all the questions on application and forms in ☐ Attached a passport-type photograph to the Registered ☐ Signed Registered Dental Assistant Initial Registration Application Completed and signed appropriate release forms for he	Dental Assistant Initial Registration Application oplication - properly witnessed and notarized
SUPPORTING DOCUMENTS - PERSONAL Certified copy evidencing a name change, if you change Certified copy of government issued photo identificatio Certified copy of citizenship, permanent residency or we	on T
SUPPORTING DOCUMENTS - EDUCATION AND ASSESSION Certified copy of dental diploma/certificate/degree OR original letter from Programme Director or Dean when Certified copy of NDAEB certificate Proof of valid resuscitation/life support training	
SUPPORTING DOCUMENTS - PRACTICE HISTORY Requested Letter of Standing for each regulatory body Attached separate sheets with written details as request Enclosed separate payments for the registration and ini	ted on Initial Registration Application Form
OTHER DOCUMENTS TO BE COMPLETED PRIOR LICENS ☐ Declaration of Commitment to Ethical Practice and the F ☐ Consent for Personal Information Form	
FEES FOR REGISTRATION AND LICENSURE IN THE FULL Registration - application fee	REGISTRATION CATEGORY \$ 50.00
Licensure - initial application For new graduate before 01 September For not a new graduate after 01 September For all others	\$130.00 \$130.00 \$260.00