



**MANITOBA DENTAL ASSOCIATION**

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

**APPLICATION FOR NEUROMODULATOR AND DERMAL FILLER ROSTER**

APPLICANT NAME (please print): \_\_\_\_\_

General Practitioner  Dental Specialist | Specialty: \_\_\_\_\_

MDA REGISTRATION NUMBER: \_\_\_\_\_ DATE OF REQUEST (DD/MM/YYYY): \_\_\_\_\_

FULL MAILING ADDRESS: \_\_\_\_\_  
Street City, Province Postal Code

The requirements to be placed on a roster are included in the **Bylaw for Neuromodulators and Dermal Fillers** found on the Manitoba Dental Association website at [www.ManitobaDentist.ca](http://www.ManitobaDentist.ca).

**ROSTER A**

\$551.25 (Roster application fee)

**ROSTER I A** (Neuromodulators for Myofascial Pain and Parafunction)

For ambulatory patients over the age of 16, limited for the management of bruxism by treating the Temporalis or Masseter muscles.

**ROSTER II A** (Neuromodulators for Upper Facial purposes only)

For ambulatory patients over the age of 16, for treatment involving the upper face.

**ROSTER B**

\$551.25 (Roster application fee)

**ROSTER I B** (Neuromodulators for Myofascial Pain and Parafunction)

For ambulatory patients over the age of 16, limited for the management of myofascial pain and parafunction (not limited to bruxism), for headaches, migraines and temporomandibular disorders.

**ROSTER II B** (Neuromodulators for Mid-Facial, Lower Facial and the Neck)

For ambulatory patients over the age of 16, for treatment involving the mid-face, lower face, and the neck.

**DERMAL FILLERS**

\$551.25 (Roster application fee)

**ROSTER III**

For ambulatory adult patients, a member may apply for registration to perform dental services using facial dermal fillers.

Calculate fees (Registration + Number of rosters); Include required supporting documents and submit for review.  
**Payment must be by CHEQUE or CASH (DO NOT MAIL CASH). NSF CHEQUES will be subject to an additional \$30.00 fee.**

Total Fee enclosed with your application is: \$

**PLEASE NOTE:**

The submitted documents will be retained in your file and cannot be returned to you therefore, providing the original certificate *is not recommended*.

On review of your documents, a determination on your application will be made. You will receive a letter confirming your name being placed on the roster and clarifying any conditions on your use of neuromodulators and / or dermal fillers. Until you receive this letter, you cannot provide these services in the Province.

**SUPPORTING DOCUMENTS**

Supporting documents must be submitted along with this application form. Incomplete applications will be denied and returned to the member.

An original or certified copy of your completion certificate from an MDA-approved course provider

**Completed applications and accompanying documentation may be mailed to:**

Attention: Director of Regulatory Programs  
Manitoba Dental Association  
202-1735 Corydon Avenue  
Winnipeg, Manitoba R3N 0K4

**MEMBER DECLARATION**

I understand and agree that if I make a false or misleading statement or representation in respect of my request to be added to a Neuromodulator or Dermal Filler Roster, I shall be deemed not to have satisfied the requirements for approval.

I further understand and agree that if an approval should be issued to me based upon a false or misleading statement or representation that said approval is subject to immediate suspension, and the matter may be referred to the Peer Review Committee for investigation.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

MDA OFFICE USE ONLY	
WAS ADDITIONAL INFORMATION NECESSARY FOR REVIEW? <input type="checkbox"/> NO <input type="checkbox"/> YES, SEE ATTACHED INFORMATION	
CHECK ROSTERS APPROVED BY REGISTRAR:	EMAIL NOTIFICATION SENT TO MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> III	DATE ADDED TO CRM: DD / MM / YYYY
LIST ROSTERS DENIED & REASON:	