



Resigning from membership in the RCDSO

Complete and sign this form if you wish to end your membership in the RCDSO. The College recommends that you only resign if you are certain you will not practice dentistry in the future.

You may apply to be reinstated at any time. An application for reinstatement made within two years of your resignation will be considered by the Registrar. If you apply after two years, you will need to have your application approved by the Registration Committee. After three years, you must also complete the on-line ethics and jurisprudence course and evaluation.

Anyone who does not practice dentistry on regular basis for more than three years in Canada, the United States of America or Australia may need to demonstrate to the Registration Committee that their knowledge, skill and judgement meet the standards of practice in Ontario. This may include successful completion of the National Dental Examining Board of Canada's Assessment of Clinical Judgement and the Assessment of Clinical Skills at a cost of more than \$8,000.

You are considered ineligible for reinstatement if, when you resigned, you:

(a) were the subject of a proceeding for professional misconduct, incompetence or incapacity, whether in Ontario or in another jurisdiction either in relation to the dental profession or another health profession, other than a proceeding which was completed based upon its merits;

(b) were the subject of an inquiry or investigation by the Registrar, a committee, a panel of a committee or board of inquiry of the College, which was not completed on its merits or which resulted in the resignation of the member;

(c) were the subject of an outstanding order of a committee, a panel of a committee or a board of inquiry of the College;

(d) were in breach of an order of a committee, a panel of a committee or a board of inquiry of the College;

(e) failed to comply with a decision of a panel of the Complaint's Committee including a decision requiring the member to attend to be cautioned;

(f) failed to comply with a written agreement with the College or any undertaking provided to the College;

(g) had terms, conditions or limitations on her or his certificate of registration; or

(h) were previously refused reinstatement by the Registration Committee either under this Regulation or any predecessor regulation.

If you are deemed ineligible for reinstatement you may apply for a new certificate of registration but you must meet all requirements for registration, including a certificate of the NDEB. All such applications must be approved by the Registration Committee.

Your resignation is effective the day your completed form is received by the College unless received during the annual renewal period (October 1 – December 31). In this case, the effective date of your resignation will be December 31st.

Contact the Registration Department if you have any questions about the information given in this form.

Resignation Form

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NAME

REGISTRATION #

This is to notify you officially of my decision to resign my membership with the Royal College of Dental Surgeons of Ontario. I understand and agree that the effective date of my resignation will be the date my completed form is received by the College.

Resignation forms received during the annual renewal period (October 1 – December 31) will be processed with an effective date of December 31st.

By signing and dating this form, I hereby acknowledge that I have read, understood and agreed to the regulations surrounding the resignation of my Ontario dental license.

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SIGNATURE

PRINT NAME

DATE

Reasons for resignation:

- Retired
- Left the Province
- Left the Country
- Returned to School
- Changing Profession
- Leave (Health, Maternity, Sabbatical)
- Other

Please provide us with your mailing address should the College need to contact you.

MAILING ADDRESS

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STREET NAME & NO./SUITE NO./BOX NO.

CITY/TOWN/VILLAGE

PROVINCE/STATE

COUNTRY

POSTAL CODE