



## Royal College of Dental Surgeons of Ontario

*Ensuring Continued Trust*

6 Crescent Road, Toronto, ON Canada M4W 1T1  
T: 416.961.6555 F: 416.961.5814 Toll-Free: 1.800.565.4591 [www.rcdso.org](http://www.rcdso.org)

# Important Information for Those Considering Not Renewing, Retiring or Resigning

The provincial legislation which governs registered dentists in Ontario does not technically recognize the words “retirement” or “not renewing.” Instead it speaks of “resignation as a member of the Royal College of Dental Surgeons of Ontario”. In order to comply with this legislation, the College requires your signature on the reverse of this form if you are retiring from practice and want to cease being a member of the College.

You can apply to have your membership reinstated at any time. Reinstatement, however, will be governed by the regulations and policies in place at the time of your application. Currently an application for reinstatement made within two years of your resignation will be dealt with by the Registrar. Applications made after two years may require the approval of the Registration Committee of this College.

Applications made after three years require completion of the online ethics and jurisprudence course and evaluation. If you have ceased to engage in clinical practice you may be required to undertake multiple assessments to determine if your knowledge, skill and judgment meet the current standard of practice. It's very important to note that the **cost of these assessments is charged by the Universities and borne by you, the applicant, and is substantial**. If you resign but register/practise dentistry in a jurisdiction (country) other than Canada or the United States for a period of three or more years then you will also be required to complete the above noted assessments.

Legislation governing reinstatement states that a person is **ineligible** for reinstatement if when s/he resigned s/he:

- (a) was 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) was 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) was the subject of an outstanding order of a committee, a panel of a committee or a board of inquiry of the College;
- (d) was 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) was previously refused reinstatement by the Registration Committee either under this Regulation or any predecessor regulation. O. Reg. 407/04, s. 1.

Applicants who are deemed ineligible for reinstatement may apply for a new certificate of registration; however, applicants must meet all the current requirements for registration, including possession of a certificate of the National Dental Examining Board of Canada, and such applications must be approved by the Registration Committee.

If you resign before December 31, you will not be required to pay the annual membership fee for the New Year. If a resignation is received after December 31 you will be deemed to have resigned in default of payment. Legislation requires that this information will be on the College's Public Register including our website.

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

# Resignation Form



NAME

REGISTRATION #

This is to notify you officially of my decision to resign my membership in the Royal College of Dental Surgeons of Ontario. **I understand that the effective date of my resignation will be the date the College receives my resignation.**

**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.**



SIGNATURE

PRINT NAME

DATE

Reasons for resignation:

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

## SPECIAL MAILING SERVICE

Many dentists who do not renew their Certificate of Registration would like to retain some contact with the College. If you are interested, you may continue to receive the College magazine and its inserts, and the annual report. Just sign up by checking "YES" in the box below. Please also indicate your mailing address.

I wish to be placed on the College's special mailing service.

Yes

No

## MAILING ADDRESS



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

CITY/TOWN/VILLAGE

PROVINCE/STATE

COUNTRY

POSTAL CODE

Please read reverse before signing.