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| http://10.0.7.19/wp-content/uploads/2016/06/PPH-Logo_RGB.jpg | Community Dental Health Clinic Application for Appointment to the Professional Staff |

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| Name: |  |

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| Address: |  | Phone: |  |

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| --- | --- | --- | --- |
| Dentistry school: |  | Year graduated: |  |

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| RCDSO #: |  | Additional specialities/degrees: |  |

In the past year:

1. Has they been any voluntary or involuntary alteration, restriction of limitation of your licence to practice dentistry in the Ontario or elsewhere? YES NO
2. Have you been subject to any professional medical misconduct proceedings, competency investigations or other disciplinary action conducted by your professional organization in which there was an adverse finding against you?  YES  NO
3. Have any judgements or settlements, findings or other decisions been entered or made in any malpractice action against you?  YES  NO

Are there any physical and/or mental impairments, diseases or illnesses that could impact your ability to fulfill the services requested?  YES  NO

*I certify that I am currently a member in good standing with the Royal College of Dental Surgeons of Ontario which includes liability insurance through the Professional Liability Program.*

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| Signature: |  | Date: |  |

*Please attach your resume and proof of registration with the Royal College of Dental Surgeons of Ontario and return to the attention of:*

Arti Joshi, Oral Health Program Manager

[careers@peterboroughpublichealth.ca](mailto:careers@peterboroughpublichealth.ca)