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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