

**APPLICATION FOR AN ADMISSION BY EQUIVALENCY OF DIPLOMA
OR TRAINING**

PERSONAL INFORMATION

Name : _____

Given name : _____

Date of birth: _____

Place of birth: _____

Gender :

Female

Male

Spoken languages:

French

English

Other: _____

Photo

Residential Address

Civic number and street

City

Country

Province

Postal code

Email address

Cell phone

Phone number

Study (Please indicate only the diplomas related to the dental technique profession)

Diploma area by subject of diploma : _____

Degree of diploma by type of degree: _____

Title of the diploma : _____

Year of graduation : _____

Country and city : _____

Diploma area by subject of diploma : _____

Degree of diploma by type of degree: _____

Title of the diploma : _____

Year of graduation : _____

Country and city : _____

PROFESSIONAL PLACE OF EXERCISE (if applicable)

Name of organisation: _____

Civic number and street City

Country Province Postal Code

Email Cellular Phone number

Job detail

Starting date of employment: _____

EMPLOYMENT LINK

- Owner Full time employee
 Part time employee Occasional employee

JOB TITLE

- Auxiliary Manager Student
 Teacher Sales Representative Other

Branch of activities in which you work or have worked mainly.

- | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Orthodontic and specialized | <input type="checkbox"/> X-ray reading and surgical guide design |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Partial denture (muco et implanto portée) |
| <input type="checkbox"/> Removable denture (traditional and implant borne prosthesis) | |
| <input type="checkbox"/> Partial skeletal dentures | <input type="checkbox"/> Cast partial denture |
| <input type="checkbox"/> Shade selection (on natural and prefabricated teeth) | <input type="checkbox"/> Sale |
| <input type="checkbox"/> Fixed partial and complete denture (traditonal crown & bridge and implant borne prosthesis) | |

PREVIOUS AND CURRENT LICENSE

List the province or territory where you have a license to practice as a dental technician.

Type of permit : _____
Province-Territory : _____
From : _____ To : _____

Type of permit : _____
Province-Territory : _____
From : _____ To : _____

You must provide a letter of good standing from these jurisdictions.

FRENCH LANGUAGE PROFICIENCY

Under the Charter of the French language, all Quebec professionals must have a sufficient knowledge of the French language.

Have you had a full-time secondary or postsecondary education in French for at least three years?

Yes
 No

Have you passed examinations in French as a maternal language in the fourth or fifth year of secondary education in Quebec?

Yes
 No

Have you obtained a certificate in secondary education (High School Diploma) in Quebec since 1986?

Yes
 No

Have you been certified by the Office québécois de la langue française or do you have certification defined equivalent by government regulation?

Yes
 No

MANDATORY DECLARATION

Are you currently the subject of a disciplinary complaint?

Yes No

If yes, please attach a copy.

Have you ever been the subject of a disciplinary decision? If yes, please attach a copy of the final decision.

Yes No

Has your permit to practise been revoked, limited or suspended?

Yes No

If yes, give details and attach a copy of the decision.

Have you ever been the subject of a provisional, temporary or permanent removal from a Roll or Registry?

Yes No

If yes, give details and attach a copy of the decision.

Have you ever been refused when making an application for a permit to practise?

Yes No If yes, please explain the circumstances.

CRIMINAL OFFENCE

Have you ever been convicted of a criminal offence by a Canadian or foreign court?

Yes No

If yes, please explain the facts and attach a copy of the court ruling, in that case.

COMMUNICATION AND PROTECTION OF PERSONAL INFORMATION

In addition to essential communications I agree to receive promotional communications from the Order, including professional privileges and opportunities.

Yes No

I accept that the Ordre communicates my name and professional contact information to a third party who operates an educational, professional, commercial or a philanthropic organization linked to the dental technician profession.

Yes No

I accept that the Ordre communicates my name and professional contact to a third party who operates an educational, professional, commercial or a philanthropic organization that is not linked to the dental technician profession.

Yes No

COMMUNICATION PREFERENCE

Contact details declared in the Personal Information section

Civic number and street *City*

Country *Province* *Postal code*

Email address *Cellular* *Phone number*

Language of communication:

French English Other : _____

CERTIFICATE OF TRUTH

I hereby solemnly affirm that the declaration and information supplied in reply to this questionnaire are true and I authorize all necessary verification.

Date: _____

Signature: _____

MANDATORY DOCUMENTS

- A copy of your birth certificate;
- A recent passport size photo;
- Completed College Self-Assessment Form (available on the OTTDQ website) ;
- Detailed transcript including description of courses taken and number of hours (official certified copy) ;
- Official certified copy of diploma or proof of obtaining it (a copy must also be sent on behalf of the educational institution directly to the Order);
- Certificate issued by a third party authenticating the diploma (MICC, ICAS, IQAS, WES) *optionnal ;
- Certificate of relevant work experience as a dental technician carried out during the five years preceding the request for recognition of equivalence (description of the number of cases carried out as well as the techniques and protocols followed according to the sector of activity) ;
- Curriculum vitae ;
- Copy of the license to practice dental techniques issued by another jurisdiction ;
- A summary of continuing education activities followed since your dental technician diploma ;
- Copy of a disciplinary complaint, disciplinary decisions or criminal conviction concerning you, if applicable ;
- Payment of the mandatory fees;

N.B. : A French or English certified translation of the documents written in a language other than French or English are required as well as a certified copy of the original if not in English or French.

Your file will only be analyzed following the reception of all the documents and the payment of the mandatory fees.

PAYMENT

These fees are valid from April 1st, 2020 to March, 31st 2021.

Payment of \$517.39 (\$450.00 fees plus taxes) for the analysis and study of your file.

- Check to the Ordre des techniciens et techniciennes dentaires du Québec or OTTDQ.
- Credit card.

VISA MASTER CARD

Card no.: _____

Exp. Date : _____

Name of the cardholder: _____

Signature: _____

Date : _____