

SCHEDULE

Form 1

APPLICATION FOR DENTURIST'S LICENCE

Applicant's name - _____

Residence address - _____

Mailing address - _____

Telephone: Business - _____ Residence - _____

List places of residence during last five years (street address, city, province or state, country) -

Education and technical training: (list and submit documented proof relating to schools, locations, dates attended, grades completed or certificates obtained, nature of technical courses)

Internship served: Length of term - Under whom served (name and address) - Duties - _____

Experience (other than internship): (if employed, list employers, places and dates of employment, duties, number of other employees; if self-employed, list business name, places of business and dates, and number of employees, if any) _____

(Non-residents only) Date of intended move to Manitoba: _____

Have you ever been convicted of an indictable offence: - If yes, state full particulars. _____

Have you ever been licensed as a denturist in Manitoba or elsewhere? - If yes, state full particulars including current status of licence and, if invalid, reason for invalidity. _____

Have you ever been suspended from practice as a denturist? - If yes, state full particulars. _____

References: (State names, addresses, telephone numbers and occupations of three persons, not relatives, who have known you for at least the last five years.) _____

DECLARATION

I, _____, of the _____ of _____,
in the Province of Manitoba, _____,
(occupation)

solemnly declare that the facts and matters set out in this application are true to the best of my knowledge and belief.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of *The Manitoba Evidence Act*.

Declared before me at the City _____
of _____, in
the Province of Manitoba,
this _____, 19 ____.

A Commissioner for Oaths or
A Notary Public in and for the Province
of Manitoba

My Commission Expires: _____
(Give Date)