

APPLICATION FOR PROVISIONAL FELLOWSHIP

PERSONAL INFORMATION			
NAME:			
DENTAL SPECIALTY:			
FELLOWSHIP DIPLOMA (to be given upon successful completion of 2021 Fellowship Examination)			
NAME TO PRINT: <i>(without designations)</i>			
NUMBER OF COPIES: <i>(1st - complimentary; 2nd - \$250; 3rd plus - \$50)</i>		LANGUAGE:	<input type="radio"/> EN <input type="radio"/> FR

Terms and Conditions

I hereby make application to The Royal College of Dentists of Canada (“the College”) for **Provisional Fellowship** in accordance with and subject to its Constitution, By-laws, and its rules or regulations. I hereby agree that the College may at any time investigate the information submitted in this application and my reputation to comply with the standard of ethics of the profession. I authorize all individuals, institutions and organizations with which I am currently or have been associated who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status to release such information to the College, its staff, agents, examiners, or officers.

I agree to disqualification from **Provisional Fellowship** with the College in the event that any of the statements herein made by me are false or in the event that any of the rules governing the admission to **Provisional Fellowship** are violated by me or in the event that I did not comply with or violated any of the provisions of the Constitution, By-laws, and the rules or regulations of the College. I agree to hold the College and its staff, agent, examiners or officers free from any damage or complaint by reason of any action they, or any of them, may take in connection with this application, and/or the failure of the College to grant me **Provisional Fellowship**.

I do solemnly declare and acknowledge that in consideration of my being elected as a **Provisional Fellow** of The Royal College of Dentists of Canada I will, throughout the period of my **Provisional Fellowship**, observe and abide by the Act of Incorporation (referred to as the Constitution), the By-laws, Rules and Regulations of the College as in force from time to time and that I will at all times uphold the dignity and welfare of the College and of the profession.

I understand that I am entitled to use the FRCDC-Provisional designation until such time that I am conferred Fellowship at convocation following successful completion of the 2021 Fellowship Examination.

I agree and acknowledge that my **Provisional Fellowship** will expire on the date of the administration of the 2021 Fellowship Examination. I agree and acknowledge that I will cease to use, or market, the FRCDC-Provisional designation should I be unsuccessful or withdraw from the 2021 administration of the Fellowship Examination.

Signature: _____

Date: _____