



STUDENT REGISTER APPLICATION FORM

PLEASE READ CAREFULLY

All students enrolled in a program offered by a faculty of dentistry at a Quebec university must be registered in the student register of the Ordre des dentistes du Québec.

PERSONAL INFORMATION

LAST NAME

FIRST NAME

Male Female

LANGUAGE OF CORRESPONDENCE

French English

BIRTH CERTIFICATE

Please provide your birth certificate (See the "Documents required" section)

Is the name on your birth certificate different from the name you regularly use?

Yes No

IF SO, WHAT IS THE NAME
YOU REGULARLY USE?

DATE OF
BIRTH

DAY / MONTH / YEAR

ADDRESS

NUMBER

STREET

APARTMENT

CITY/TOWN

PROVINCE

COUNTRY

POSTAL CODE

HOME
TELEPHONE

CELLULAR
TELEPHONE

EMAIL
ADDRESS

(Must be valid and exclusive)

The Ordre des dentistes du Québec will use this email address for correspondence with you, so it is important to inform the Order if it changes. Depending on the situation, some documents may nevertheless be sent to you by mail rather than email.

STUDIES AT A FACULTY OF DENTISTRY IN QUEBEC

UNIVERSITY

- Université Laval
- Université de Montréal
- McGill University

LEVEL

- Doctorate in dentistry
- Master's
- Qualifying program
- Diploma or training equivalence
- Host program or interuniversity exchange program of limited length (temporary studies in Quebec)

LENGTH OF UNIVERSITY PROGRAM

DATE YOU STARTED
THE UNIVERSITY
PROGRAM

MONTH / YEAR

EXPECTED
COMPLETION DATE

MONTH / YEAR

You must send us an attestation signed by the program director or the dean of the faculty of dentistry in which you are enrolled (see the attached form).

CONSENT

- I agree to receive, by email, publications from the Ordre des dentistes du Québec, including information on services, events and training related to dentistry.

You may withdraw your agreement to receive these publications at any time, free of charge, by clicking on the link at the bottom of each email or sending a request to registre.etudiants@odq.qc.ca.

AUTHORIZATION

- I agree that the Ordre des dentistes du Québec and the university at which I am enrolled may share the information in the Personal Information section and the Studies section, to confirm authorized activities as part of my training or studies.

DECLARATION AND SOLEMN AFFIRMATION

I, THE UNDERSIGNED, apply to be registered in the student register of the Ordre des dentistes du Québec.

I agree to wear the identification provided by the Order when I am in a clinic.

I agree to inform the Ordre des dentistes du Québec promptly in writing of any change in my personal information, including my status as a student, in particular the completion or abandonment of the dentistry program in which I am enrolled or my suspension, dismissal or expulsion from that program.

I authorize the university responsible for the dentistry program in which I am enrolled to inform the Ordre des dentistes du Québec of any change in my status as a student or in my personal information.

I understand that the status of student does not make me a member of the Ordre des dentistes du Québec. However, and in the context described therein, I will be entitled to perform the activities listed in section 2 of the *Regulation respecting the professional activities that may be engaged in by persons other than dentists*.

I also understand that I may not use the title of "dentist" or the abbreviation "DMD" to identify myself. Moreover, I may not vote in or stand for election for positions in the Ordre des dentistes du Québec.

I, the undersigned, hereby declare and solemnly affirm that the information provided in this application is complete and accurate and that the documents submitted are my own. I understand that any false information or false document submitted to support this application may result in my application being rejected.

SIGNATURE
(REQUIRED)

DATE

DAY / MONTH / YEAR

DOCUMENTS REQUIRED

You are responsible for providing the Ordre des dentistes du Québec with all the following documents.

Your file must be complete for your application to be accepted.

DENTISTRY STUDENTS IN QUEBEC

Application for registration in the student register, duly completed and signed

Birth certificate (original or certified copy of your birth certificate)

■ IF YOU WERE BORN IN QUEBEC

Attach the birth certificate issued by the Directeur de l'état civil. Photocopies are not accepted.

In Quebec, the form to obtain your birth certificate can be downloaded from the Direction de l'état civil, at www.etatcivil.gouv.qc.ca.

■ IF YOU WERE NOT BORN IN QUEBEC

Attach a certified copy of the birth certificate from the organization that issued the original document or a copy certified by a body authorized to authenticate identity or civil status documents in your province or country of origin, e.g. a local administration or notary public.

Copies certified by an embassy or consulate of your country of origin are accepted.

If you wish the original of your birth certificate to be returned to you, make sure you also attach a stamped self-addressed envelope.

Payment

Attestation signed by the program director or the dean of the faculty of dentistry in which you are enrolled.

DOCUMENTS IN A LANGUAGE OTHER THAN FRENCH OR ENGLISH

Any document in a language other than French or English must be translated by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec (OTTIAQ). You can consult the directory of OTTIAQ members at www.ottiaq.org.

TERMS OF PAYMENT

Registration fee: **\$50.00** + taxes, for a total of **\$57.49**
(Payable only at the time of your first registration)

Cheque/money order (payable to the Ordre des dentistes du Québec) for \$57.49

Visa MasterCard

CARDHOLDER
NAME

CARD
NUMBER

EXPIRY
DATE

MONTH / YEAR

VALIDATION CODE
(3 digits on the
back of the card)

AMOUNT
PAID \$

CARDHOLDER
SIGNATURE

Send your application for registration, accompanied by the required supporting documents and your payment, to the Ordre des dentistes du Québec, to the attention of the person in charge of the Register, at 800 boul. René-Lévesque Ouest, Suite 1640, Montreal, Quebec H3B 1X9.

For any additional information, please contact the person in charge of the Register, at 514 875-8511 or registre.etudiants@odq.qc.ca.

ATTESTATION

I, _____, Program Director or Dean
of the Faculty of Dentistry at _____ university,
hereby certify that _____
has been enrolled and is pursuing studies in the _____ program,
of a length of _____, since _____
DAY / MONTH / YEAR .

Signed at _____, on _____
DAY / MONTH / YEAR

X

SIGNATURE

CONSENT TO THE COLLECTION OF INFORMATION

Consent to the collection of information for purposes of registration
in the record of students of the Ordre des dentistes du Québec

I,

have applied for registration in the record of students of the Ordre des dentistes du Québec.

The Ordre des dentistes du Québec may require additional information for purposes of processing my application.

I therefore authorize

.....
NAME OF UNIVERSITY

to provide to provide the Ordre des dentistes du Québec with any information or document concerning me, at my expense
if applicable.

I understand that this information is necessary for the Ordre des dentistes du Québec to process my application for
registration in the student register.

Signed at, on DAY / MONTH / YEAR

X
.....
SIGNATURE