

# PRACTICE ADVISORY

*The purpose of this document is to clarify the roles and responsibilities of dentists, supervisors and students engaged in postgraduate dental education programs thereby ensuring proper pedagogy and the safety and care of patients in hospital-based environments.*

## Postgraduate Education: Responsibilities of the Faculties

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### RESPONSIBILITY SCOPE

This document applies to all dentists who are involved in the guidance, observation, teaching, supervising, directing and assessment of postgraduate clinical dentist trainees enrolled in a postgraduate dental program in Ontario, and to those dentist trainees themselves.

### DEFINITIONS

**Postgraduate Dentist Clinical Trainees** – These trainees are dentists who hold a degree in dentistry and are continuing in advanced education in a hospital-based environment. They have been issued, by the Royal College of Dental Surgeons of Ontario, either a General Certificate, an Education Certificate or a Graduate Student Certificate, under the *Regulated Health Professions Act, 1991, the Dentistry Act, 1991* as amended from time-to-time and its regulations, including Regulation 407/04 amending Ontario Regulation 205/94.

**Trainee** – In the case of a trainee with an Education Certificate or Graduate Student Certificate, or a

general dentist wishing some upgrading, the trainee has a degree in dentistry evidencing successful completion of a course in dental studies of at least four years duration at a university-based dental school.

**Most Responsible Dentist** – This is the dentist who has the ongoing and final responsibility and is accountable for the oral care of the patient.

**Supervisors** – They are clinical teachers engaged by the Faculty who are delegated by the Faculty and their respective training programs to guide, teach, supervise, observe and assess the educational activities of the trainees. The supervisor of a trainee involved in the care of a patient may or may not be the most responsible dentist for that patient.

## GENERAL PRINCIPLES OF THE FACULTIES

Appropriate care of the patient is central to the training program.

Proper training respects the autonomy and dignity of the patient and the trainee with a view to optimizing patient care and the educational experience for the trainee.

In order to obtain the best results from the educational experience, joint decision-making and exchange of information between supervisor and trainee is important.

Trainees must have the opportunity to participate actively in the provision of health care including hands-on experience in a system of delegated and graded responsibility. By acting and observing, trainees learn how to question, examine, diagnose, manage and treat patients and adopt the necessary attitudes towards patients, colleagues and other members of the health care team.

## FACULTY POLICY

### Supervisor/Most Responsible Dentist

A specific dentist must always be designated the most responsible dentist for the patient's care. In a teaching

environment, the most responsible dentist may or may not also be the supervisor of the trainee.

The supervisor and/or the most responsible dentist must provide appropriate supervision to the trainee which includes:

- a) Being willing and able to see patients under his/her care when action is required or requested.
- b) Ensuring that trainees to whom he/she is delegating have the appropriate knowledge, skill and judgment to perform the delegated act, such that the patient is not put in any jeopardy or harm.
- c) Allowing trainees the responsibility appropriate to their level of training and commensurate with their ability.
- d) Ensuring on-going assessment and evaluation to determine the trainee's clinical competence and educational requirements.
- e) Meeting regularly with the trainee to discuss the trainee's assessment, management and documentation of patient care.
- f) Ensuring that all relevant clinical information is made available for the best care of the patient.
- g) Providing direct or remote supervision to trainees while they engage in clinical activities. In case of remote supervision, these acts should be restricted to previously agreed upon arrangements with the most responsible dentist, in coordination with the Faculty.

### The Trainee

- a) The trainee should be ready, willing and able to see patients and to report information to the supervisor and/or most responsible dentist according to any guidelines provided by the Faculty and clinical placement setting.
- b) Notify the patient or substitute decision-maker and family of the name of the most responsible dentist, if there is consent.

- c) Communicate with the supervisor or most responsible dentist
  - i. When a patient is admitted, or seen in an emergency setting.
  - ii. When there is a significant change in the patient's condition.
  - iii. When the patient or substitute decision-maker and family has significant concerns.
  - iv. In any emergency situation.
- d) Ensure that the supervisor and/or most responsible dentist are aware of the trainee's level, competence and educational requirements.
- e) Document his/her findings and management plans and discuss these with the supervisor and/or most responsible dentist.

## FOR GREATER CLARITY

A trainee requires supervision, meaning that the supervisor and/or most responsible dentist are available to the patient and the trainee.

In emergency situations in a hospital setting, after hours, a patient maybe seen by a trainee absent a supervisor and/or responsible dentist, and only after the fact may there be available a review and discussion with the supervisor and/or most responsible dentist.

Final responsibility for the patient rests with the supervisor and/or most responsible dentist. The most responsible dentist or supervisor should be available to directly intervene to provide care to their patient when such action is required or requested, except in emergency situations where there may not be a supervisor and/or responsible dentist readily available except on an "on-call" basis.

## GENERAL PRINCIPLES FOR THE MOST RESPONSIBLE DENTIST AND SUPERVISOR

The most responsible dentist and supervisor should:

- a) maintain an ethical approach to the care of patients.

- b) maintain a professional supervisor/trainee relationship at all times which includes:
  - i. not exploit the power differential inherent between the supervisor/trainee relationships.
  - ii. not become involved in situations that involve conflicts of interest.
  - iii. not intimidating, harassing emotionally, physically or sexually.
  - iv. provide a model of appropriate and compassionate care to patients.

## MANDATORY REPORTING RESPONSIBILITIES

Legal reporting under the *Regulated Health Professions Act* and the Health Professions Procedural Code means a dentist must file a report if he/she has reasonable grounds to believe that another member of the same or a different health profession has sexually abused a patient.

In addition, the dentist must contact the Royal College of Dental Surgeons of Ontario if another dentist exhibits behaviour that would suggest professional misconduct, incompetence or incapacity.

## RESPECTING PATIENT'S RIGHTS AND CONSENT TO TREATMENT

In an informed consent way and on a patient-centered model basis, patients must consent to treatment. It is understood that patients entering teaching facilities will be notified of the educational nature of the patient care to be provided and will provide informed consent.

When a significant component of diagnostic or therapeutic procedures are to be performed independently by a trainee without direct supervision by the most responsible dentist and/or supervisor, a patient must be specifically informed.

When patient participation is truly for educational reasons, the patient should be notified and must provide consent. The most responsible dentist and/or supervisor should ensure the proposed examination or clinical demonstration is not detrimental to the health or wellbeing of the patient.

## ENDNOTE

Attached as Schedule 1 to this document is the Registration Information for Graduate Student Certificate (Licence), produced by the Royal College of Dental Surgeons of Ontario.

Attached as Schedule 2 to this document is the Registration Information for Education Certificate (Licence), produced by the Royal College of Dental Surgeons of Ontario.

Attached as Schedule 3 to this document is the Registration Information for Post-Specialty Training Certificate, produced by the Royal College of Dental Surgeons of Ontario.

## REGISTRATION INFORMATION – GRADUATE STUDENT CERTIFICATE (LICENCE)

The Legislation governing the practice of dentistry in Ontario is contained in the *Regulated Health Professions Act, 1991*, the *Dentistry Act, 1991* and its regulations. Through this legislation the Government of Ontario has continued to place the responsibility for the registration of dentists with the Royal College of Dental Surgeons of Ontario. While this material is intended to assist applicants with completing their application forms, we encourage you to also review Regulation Reg. 205/94 as amended to O. Reg 500/07 (Registration Regulation). The full Regulation can be found on the College's website at [www.rcdso.org](http://www.rcdso.org) or [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca). If there is any discrepancy between this information sheet and the current Registration Regulation, then the requirements stated in the Regulations shall prevail.

A person may apply for a certificate of registration by submitting a completed application form together with the associated fees of \$250.00 (This includes a non-refundable application fee of \$150.00). **The application form is only valid for three (3) months once signed and notarized.**

The requirements for a graduate student certificate of registration are the following:

1. The applicant has a degree in dentistry evidencing successful completion of a course in dental studies of at least four years duration at a university-based dental school. **A certified (by a lawyer or notary public) copy of your diploma must be provided plus an original letter from the Dean of the university certifying your graduation and the date.**
2. The applicant is reasonably fluent in either English or French.
3. The applicant
  - i) has been accepted for enrolment as a student in a faculty or school of dentistry at a university in Ontario in a graduate or postgraduate dental program of study (other than a dental internship or residency program) accredited by the Commission on Dental Accreditation of Canada, or
  - ii) has been accepted for enrolment as a student in a faculty or school of dentistry at a university in Ontario in a graduate or postgraduate dental program of study (other than a dental internship or residency program) approved by Council, or
  - iii) has been accepted for enrolment as a Masters or PhD student in a faculty or school of dentistry at a university in Ontario in a program (other than a dental internship or residency program) and has satisfied the Registration Committee that:
    - a) the Masters or PhD program requires the student to perform an act or acts authorized to members, and
    - b) he/she has sufficient clinical training to safely and competently perform the authorized acts associated with the program.

**Please insure that university has sent notification to us verifying your acceptance into the program and the start and end dates.**

In respect of an applicant accepted for enrolment in a program referred to above in subparagraph 3(iii), the applicant has provided:

- i. a detailed summary of the program including a list of all activities within the scope of practice of dentistry which he or she wishes to be able to perform;
  - ii. a letter from a member who belongs to the academic staff of the faculty or school of dentistry confirming the accuracy of the summary referred to in subparagraph I and agreeing to be responsible for the applicant's program; and
  - iii. a written undertaking to the College in a form satisfactory to the Registration Committee in which the applicant
    - A. agrees to perform only those activities within the scope of practice of dentistry that are specifically permitted by the Registration Committee,
    - B. agrees to perform those activities referred to in sub-subparagraph A under the supervision of the member referred to in subparagraph ii, and
    - C. agrees to any other terms, conditions and limitations that the Registration Committee considers appropriate to satisfy it that any activity undertaken by the applicant within the scope of practice of dentistry will be performed safely and competently.
4. The applicant is a Canadian citizen or a permanent resident of Canada or has received the appropriate authorization under the Immigration and Refugee Protection Act (Canada) to permit the applicant to engage in the practice of dentistry in Canada. If a Canadian citizen or permanent resident, a certified copy of a Canadian passport, birth certificate, citizenship card (both sides) or proof of permanent residency status must be submitted. If not a citizen or permanent resident, a certified copy of the authorization issued by Immigration Canada which permits you to engage in the practice of dentistry in Canada (i.e. work permit, study permit) must be submitted. Canada Immigration Website: <http://www.cic.gc.ca/>
5. Where the applicant is or has been registered/licensed to practise dentistry in another jurisdiction, **or** has engaged in the practice of dentistry anywhere in the world, the applicant is not or has not been suspended or the subject of a finding of professional misconduct, incompetence or incapacity. **To verify this information the Certificate of Standing form enclosed with the application must be completed by the regulatory authority in each jurisdiction where an applicant has practised or been granted the right to practise.** If this involves more than one jurisdiction, then please photocopy the form and distribute accordingly. If you are still practising in the respective jurisdiction at the time you submit your application for registration in Ontario, then kindly be aware that this information/form must be current and is therefore only valid for three (3) months. **Reference letters or photocopies of a licence will not be accepted in place of the certificate of standing.**

Please note that participation in a **general practice residency or internship** is considered to be engaging in the practice of dentistry, a letter of standing is therefore required for this period of time. If the applicant was not licensed, i.e. limited permit, then a letter of standing should be provided from the program director of the hospital or university where the program was completed.

If you completed a **postgraduate specialty program**, please request the letter from the Dean of the university. The letter must include the start and end dates of your program, the date your certificate or degree was granted and confirmation that you are in good standing and that you have never been, nor are you now, the subject of investigation, suspension, discipline, incompetence or incapacity.

6. If applying under a name which is different from the one recorded on the dental diploma, a certified copy of the name change, marriage certificate, or divorce degree (as applicable) must be forwarded with the application.
7. The applicant has made payment of an annual membership fee of \$100.00 and the initial application fee of \$150.00 for a total of **\$250.00**.

A **certified** cheque should be made payable to the Royal College of Dental Surgeons of Ontario **and must be issued on a Canadian bank or be a Canadian money order**. VISA, MasterCard and AMEX are also accepted. Please provide, in writing, the full credit card number and expiry date plus your signature.

**A graduate student certificate of registration has the following restrictions:**

1. A member who meets the requirements of subparagraph 3(i) or (ii), may engage in the practice of dentistry only as may be required for the program of studies in which he/she is enrolled and only under the supervision of a member of the dental facility or dental school who is also a member of the College, or
2. A member who meets the requirements of subparagraph 3(iii), shall perform only those activities within the scope of practice of dentistry that are specifically permitted by the Registration Committee and only under the supervision of the member referred to.
3. The member may engage in the practice of dentistry only in the faculty or school of dentistry or in a hospital or other facility formally associated with that faculty or school.
4. Unless specifically authorized by the terms of the certificate, the member shall not teach dental students or supervise or direct any person respecting any activity within the scope of practice of dentistry.
5. The certificate is automatically revoked when the member ceases to be enrolled in the program referred to in paragraph 3 or when the program terminates.
6. The member may not charge a fee for the performance of any act within the scope of practice of dentistry.

**All information is subject to change.**

**Please note that your application will be governed by the legislation in place at the time of submission.**

## REGISTRATION INFORMATION – EDUCATION CERTIFICATE (LICENCE)

The legislation governing the practice of dentistry in Ontario is contained in the *Regulated Health Professions Act, 1991*, the *Dentistry Act, 1991* and its regulations. Through this legislation the Government of Ontario has continued to place the responsibility for the registration of dentists with the Royal College of Dental Surgeons of Ontario. While this material is intended to assist applicants with completing their application forms, we encourage you to also review Regulation 205/94 as amended to O. Reg 500/07 (Registration Regulation). The full Regulation can be found on the College's website at [www.rcdso.org](http://www.rcdso.org) or [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca). If there is any discrepancy between this information sheet and the current Registration Regulation, then the requirements stated in the Regulations shall prevail.

**The application form is only valid for three (3) months once signed and notarized.** A person may apply for an education certificate of registration by submitting a completed and notarized application form, the non-refundable \$150.00 application fee, and documents attesting to the following:

1. The applicant has a degree in dentistry evidencing successful completion of a course in dental studies of at least four years' duration at a university based dental school. **A certified (by a lawyer or notary public) copy of your diploma must be provided plus an original letter from the Dean of the university certifying your graduation and the date.**
2. The applicant is reasonably fluent in either English or French.
3. The applicant
  - i) has a written offer of admission to a public hospital-based dental internship or residency program accredited by the Commission on Dental Accreditation of Canada, or
  - ii) has a written offer of admission to a dental educational program approved by a faculty or school of dentistry at a university in Ontario, other than one referred to in subparagraph i, and that program is accredited either by the Commission on Dental Accreditation of Canada or by another accreditation body designated by Council or has been approved by the Registration Committee.

**Please provide a letter from the hospital or university verifying your appointment and the start date plus end date.**

4. The applicant is a Canadian citizen or a permanent resident of Canada or has received the appropriate authorization under the Immigration and Refugee Protection Act (Canada) to permit the applicant to engage in the practice of dentistry in Canada. If a Canadian citizen or permanent resident, a certified copy of a Canadian passport, birth certificate, citizenship card (both sides) or proof of permanent residency status must be submitted. If not a citizen or permanent resident, a certified copy of the authorization issued by Immigration Canada which permits you to engage in the practice of dentistry in Canada (i.e. work permit, study permit) must be submitted. Canada Immigration Website: <http://www.cic.gc.ca/>



5. Where the applicant is or has been registered/licensed to practise dentistry in another jurisdiction, **or** has engaged in the practice of dentistry anywhere in the world, the applicant is not or has not been suspended or the subject of a finding of professional misconduct, incompetence or incapacity.

**To verify this information the Certificate of Standing form enclosed with the application must be completed by the regulatory authority in each jurisdiction where an applicant has practised or been granted the right to practise.** If this involves more than one jurisdiction, then please photocopy the form and distribute accordingly.

If you are still practising in the respective jurisdiction at the time you submit your application for registration in Ontario, then kindly be aware that this information/form must be current and is therefore only valid for three (3) months. **Reference letters or photocopies of a licence will not be accepted in place of the certificate of standing.**

Please note that participation in a **general practice residency or internship** is considered to be engaging in the practice of dentistry, a letter of standing is therefore required for this period of time. If the applicant was not licenced, i.e. limited permit, then a letter of standing should be provided from the program director of the hospital or university where the program was completed.

If you completed a **postgraduate specialty program**, please request the letter from the Dean of the university. The letter must include the start and end dates of your program, the date your certificate or degree was granted and confirmation that you are in good standing and that you have never been, nor are you now, the subject of investigation, suspension, discipline, incompetence or incapacity.

6. The applicant has made payment of an application fee of \$150.00, a registration fee of \$100.00, and the annual membership fee of \$1,760.00 (2011) for a total of **\$2,010.00**.

A **certified** cheque should be made payable to the Royal College of Dental Surgeons of Ontario **and must be issued on a Canadian bank or be a Canadian money order**. VISA, MasterCard and AMEX are also accepted. Please provide, in writing, the full credit card number and expiry date plus your signature authorizing these funds to be charged to your account.

**An education certificate of registration has the following restrictions:**

1. The certificate is revoked 12 months from the date of issuance or sooner if the member ceases to hold the internship, residency or position referred to in subparagraph 3 above.
2. The holder of an education certificate may engage in the practice of dentistry only within the scope of the internship, residency or position to which the certificate of registration relates. The holder of an education certificate may practise only under the direction of:
  - (i) a member of the medical or dental staff of the hospital in which the holder of an education certificate is an intern or resident; or
  - (ii) a member of the academic staff of the faculty of dentistry that approved the position.

The holder of an education certificate may not charge a fee for the performance of any act within the practice of dentistry.

**All information is subject to change.**

**Please note that your application will be governed by the legislation in place at the time of submission.**

## REGISTRATION INFORMATION – POST-SPECIALTY TRAINING CERTIFICATE

The legislation governing the practice of dentistry in Ontario is contained in the *Regulated Health Professions Act, 1991*, the *Dentistry Act, 1991* and its regulations. Through this legislation the Government of Ontario has continued to place the responsibility for the registration of dentists with the Royal College of Dental Surgeons of Ontario. While this material is intended to assist applicants with completing their application forms, we encourage you to also review Regulation 205/94 as amended to O. Reg. 500/07 (Registration Regulation). The full regulation can be found on the College's website at [www.rcdso.org](http://www.rcdso.org) or [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca). If there is any discrepancy between this information sheet and the current Registration Regulation then the requirements stated in the Regulations shall prevail.

**The application form is only valid for three (3) months once signed and notarized.** A person may apply for a post-specialty training certificate of registration by submitting a completed and notarized application form, the non-refundable \$150.00 application fee, and documents attesting to the following:

1. The applicant has a degree in dentistry evidencing successful completion of a course in dental studies of at least four years duration at a university-based dental school. **A certified (by a lawyer or notary public) copy of your diploma must be provided plus an original letter from the Dean of the university certifying your graduation and the date.**
2. The applicant is reasonably fluent in either English or French.
3. The applicant
  - i. has successfully completed either an approved diploma or degree program listed in clause 18(3)(a) of the Registration Regulation or an advanced training program approved by the Registration Committee, or
  - ii. has satisfied the Registration Committee that he/she has successfully completed a specialty program which the Registration Committee determines is equivalent to a program listed in clause 18(3)(a).

**A certified copy of the degree or certificate of completion must be provided plus an original letter from the Dean of the university certifying your graduation and the date.**

4. The applicant is a Canadian citizen or a permanent resident of Canada or has received the appropriate authorization under the Immigration and Refugee Protection Act (Canada) to permit the applicant to engage in the practice of dentistry in Canada. If a Canadian citizen or permanent resident, a certified copy of a Canadian passport, birth certificate, citizenship card (both sides) or proof of permanent residency status must be submitted. If not a citizen or permanent resident, a certified copy of the authorization issued by Immigration Canada which permits you to engage in the practice of dentistry in Canada (i.e. work permit, study permit) must be submitted. Canada Immigration Website: <http://www.cic.gc.ca/>

5. The applicant has a written offer of an appointment to a program of post-specialty dental education from a faculty or school of dentistry at a university in Ontario, which program has emphasis on additional clinical training or research or both, to gain further education relevant to that applicant's specialty. **Please provide notification from the university to us verifying your acceptance into the program and the start and end dates.**
6. The applicant has provided:
  - i. a detailed summary of the program including a list of all activities within the scope of practice of dentistry which he/she wishes to be authorized to perform, and
  - ii. a letter from a member who belongs to the academic staff of the faculty or school of dentistry responsible for the program confirming the accuracy of the summary referred to in subparagraph (i) and agreeing to be responsible for the applicant's program.
7. Where the applicant is or has been registered/licensed to practise dentistry in another jurisdiction, **or** has engaged in the practice of dentistry anywhere in the world, the applicant is not or has not been suspended or the subject of a finding of professional misconduct, incompetence or incapacity.

**To verify this information the Certificate of Standing form enclosed with the application must be completed by the regulatory authority in each jurisdiction where an applicant has practised or been granted the right to practise.** If this involves more than one jurisdiction, then please photocopy the form and distribute accordingly.

If you are still practising in the respective jurisdiction at the time you submit your application for registration in Ontario, then kindly be aware that this information/form must be current and is therefore only valid for three (3) months. **Reference letters or photocopies of a licence will not be accepted in place of the certificate of standing.**

Please note that participation in a **general practice residency or internship** is considered to be engaging in the practice of dentistry, a letter of standing is therefore required for this period of time. If the applicant was not licenced, i.e. limited permit, then a letter of standing should be provided from the program director of the hospital or university where the program was completed.

If you completed a **postgraduate specialty program**, please request the letter from the Dean of the university. The letter must include the start and end dates of your program, the date your certificate or degree was granted and confirmation that you are in good standing and that you have never been, nor are you now, the subject of investigation, suspension, discipline, incompetence or incapacity.

8. If applying under a name which is different from the one recorded on the dental diploma, a certified copy of the name change, marriage certificate, or divorce degree (as applicable) must be forwarded with the application.
9. The applicant has made payment of an application fee of \$150.00, a registration fee of \$100.00, and the annual membership fee of \$1,760.00 (2011) for a total of **\$2,010.00**. A **certified** cheque should be made payable to the Royal College of Dental Surgeons of Ontario **and must be issued on a Canadian bank or be a Canadian money order**. VISA, MasterCard and AMEX are also accepted. Please provide, inwriting, the full credit card number and expiry date plus your signature authorizing these funds to be charged to your account.

**A post-specialty training certificate has the following restrictions:**

1. The member may perform acts in the practice of dentistry only within the scope of the program to which the certificate relates, and
  - i) in respect of any clinical practice, shall practise under the supervision of a member of the academic staff of the faculty or school of dentistry who is also a member of the College and who holds a specialty certificate of registration in the specialty to which the program relates, and
  - ii) in respect of any research or other non-clinical practice, shall perform only those activities specifically permitted by the Registration Committee and only under the direction of the member referred to in subparagraph 5(ii) of subsection (2).
2. The member may engage in the practice of dentistry only in the faculty or school of dentistry or in a hospital or other facility formally associated with that faculty or school.
3. Unless specifically authorized by the terms of the certificate, the member shall not teach dental students or supervise or direct any person respecting any activity within the scope of practice of dentistry.
4. The certificate shall have a specified duration equal to the expected length of the program, but not exceeding 12 months, after which the certificate automatically expires unless extended by the Registration Committee.
5. The certificate is automatically revoked if the member ceases to hold the appointment.
6. The member may not charge a fee for the performance of any act within the scope of practice of dentistry.

**All information is subject to change.**

**Please note that your application will be governed by the legislation in place at the time of submission.**

## FREQUENTLY ASKED QUESTIONS

### 1. What is a certified copy?

A certified or notarized copy is a photocopy of the original document that has been sworn or declared a certified true copy of the original (written or stamped directly on the copy or attached affidavit) and signed and sealed/stamped by a lawyer, notary public or commissioner of oaths.

Please be aware that certain notaries or commissioners are restricted to a certain industry (e.g. banking, real estate and travel agencies) and as such are not legally authorized to certify registration related documentation. Do not use them for it will only delay your application as you will have to have the certification completed again.

Another common problem occurs when notaries request the applicant to declare the copies as true rather than the notary doing it. This is also not accepted as an applicant cannot swear to the authenticity of his/her own documentation. This is a conflict of interest and the documentation will be rejected.

### 2. How long does it take to process a registration application?

Once the College receives a complete application (including all relevant documentation/fees) standard processing time is 10-15 business days. However, it may be longer depending on the time of year the application is received (May/June/December). We are not responsible for any delay attributed to outside organizations such as other regulatory bodies, schools or Canada Immigration.

We strongly advise all applicants not to book patients until registration has been confirmed by the College.

It is recommended that you apply with ample time for processing prior to your expected start date. Please note, however, that applications and certificates/letters of standing are only valid for a three-month period after being signed or issued.

### 3. How will you contact me to inform me about a submitted application?

Once we receive your application and supporting documentation, your submissions are reviewed carefully. If there are any deficiencies or missing documentation, you will be notified by the email address or phone number indicated on your application form.

Once your documentation is complete, the file is then reviewed for approval.

Once the application has been approved, you will receive an email or phone call indicating your registration information. It is only once you receive this important information that you are eligible to practise in Ontario.

### 4. What if my original documents are not in English or French?

Documents submitted for registration purposes that are not in English or French must be accompanied by a certified translation. To find a certified translator in Ontario, you can contact the:

Association of Translators and Interpreters of Ontario  
1 Nicholas St Suite 1202  
OTTAWA, ON K1N7B7  
1-800-234-5030 or 613-241-2846  
info@atio.on.ca  
[www.atio.on.ca](http://www.atio.on.ca)

For outside of Ontario, please contact your local yellow pages for certified translators. For those outside of Canada or the US, you may also find assistance at a consulate or embassy.

**Please note that we will require certified copies of the original document(s) accompanied by the original translation.**

**FOR ALL OTHER QUESTIONS PLEASE CONTACT THE REGISTRATION DEPARTMENT DIRECTLY.**

**Email:** registration@rcdso.org

**Phone:** 416-934-5612