

RETURN FULLY COMPLETED

Membership Administration, Ontario Dental Association

4 New Street, Toronto, Ontario M5R 1P6

Tel: 416-922-3900 • Toll Free: 1-800-387-1393

Email: member@oda.ca

The Career Support Program provides assistance for members throughout various stages of their careers. The information you provide will help the Membership Services and Programs Advisory Committee to determine if the category to which you are applying is suitable for you. **Only fully completed and signed applications will be considered.**

THE FOLLOWING MUST BE FILLED IN BY APPLICANT

Membership ID #: _____ Dr. _____

Practice Name: _____

Address: _____ Home Office

City: _____ Province: _____ Postal Code: _____

Phone: _____ Home Office

Date first registered in Ontario: General: _____ Specialty: _____ Years in Practice: _____

<p>SECTION 1: Parental</p> <p>\$1,014.00 + \$131.82 (HST) = \$1,145.82</p>	<p>Dentist can apply to the Membership Committee to join in the Parental category should they be absent from their practices for a period of four (4) to twelve (12) months to provide care for a new child. The granting of this status shall be at the discretion of the Membership Services and Programs Advisory Committee and for the maximum of one membership year, for each parental leave period, at any given time.</p> <p>The length of time I plan to be absent from my practice between June 1, 2023 and May 31, 2024 is:</p> <p>My leave begins _____ and ends _____</p> <p>Applicant's signature: _____</p>
<p>SECTION 2: Post-Grad/ Student/Resident</p> <p>\$153.00 + \$19.89 (HST) = \$172.89</p>	<p>The dental program I will be enrolled in is: OR The facility at which I will be a Resident is: The program dates between June 1, 2023 and May 31, 2024 are: Start: _____ End: _____</p> <p>I will OR I will NOT be practicing dentistry while completing studies/residency.</p>
<p>SECTION 3: Part-Time Semi Retired</p> <p>\$1,014.00 + \$131.82 (HST) = \$1,145.82</p>	<p>Eligibility/criteria under this category is based on members working 800 hours or less AND earning net professional income of (NPI) of \$75,725 annually.</p> <p>Yes, I meet both of these criteria.</p> <p>If you do not meet the above criteria, please select another category. Or, provide additional information if you would like to be consider for this category.</p>
<p>SECTION 4: Registered Retired</p> <p>\$457.00 + \$59.41 (HST) = \$516.41</p>	<p>Eligibility under this category is based on Dentists who no longer practise dentistry and therefore, do not receive any professional income including any per diems from performing dentistry, or who are not deriving any income from dental practice related activities. Dentists who are retired and volunteer their time to mouth-guard clinics, sport teams, charity work locally or abroad, didactic or clinical instruction in dental education are examples of retired dentists that may be eligible. Dentists who continue to receive remuneration for performing occasional dentistry may be eligible for the Part-time/Semi-Retired category.</p> <p>YES I confirm that I do not receive any professional income from performing dentistry or am not deriving any income from dental practice related activities. If you do not meet the above criteria, please choose another category or contact ODA Member Services 1-800-387-1393 ext. 3850.</p>

ADDITIONAL INFORMATION:

Privacy: The information collected on this form will be used by the ODA for the purpose of processing your membership and for no other purpose. The ODA is committed to protecting the privacy of your personal information. Our privacy policy and further information regarding the collection, use and disclosure of personal information can be viewed at www.oda.ca or by contacting our Chief Privacy Officer: tel: 416-922-3900 or 1-800-387-1393 email: info@oda.ca.