



1100 Burloak Drive, Suite 300,  
Burlington ON L7L 6B2 • [info@cdpa.com](mailto:info@cdpa.com),  
[www.cdpa.com](http://www.cdpa.com) Tel: 416-491-5932, 1-800-876-2372  
Fax: 416-239-3443, 1-888-678-9348

Dear Doctor,

Thank you for your interest in the Canadian Dental Protective Association (the “**CDPA**”). We have taken the liberty of enclosing a membership application along with additional information about the Association.

The CDPA is a not-for-profit organization, run by dentists, for dentists, providing professional and financial assistance in eligible and appropriate cases whenever a member’s right to practice may be in jeopardy. Our membership is continually growing as more dentists, like you, are realizing the importance of the services that the CDPA has to offer. As we are a mutual benefit association, and not an insurance based program, we direct the resources of the CDPA towards assisting you with regulatory and employment issues that impact on your practice.

The Objects of the Association are:

- to support, maintain and protect the honour, character and interests of its members;
- to encourage honourable practice of the dental profession;
- to give advice and assistance to members of the corporation in cases where proceedings are brought or threatened against them;
- to promote and support all measures likely to improve the practice of dentistry;
- to collect monies by way of dues or otherwise and to hold and expend the same in furtherance of the objects of the corporation;
- to do all such other things as are incidental or conducive to attainment of the above objects.

Membership in the CDPA provides you access to:

- assistance with before your professional regulatory body (the “**College**”) and other regulatory matters.
- assistance regarding employment related issues.
- educational resources on risk prevention.
- financial assistance for legal representation generally with no pre-set limit.

Since 1994, The CDPA Assistance Program has helped its members practice with peace of mind. We hope that you make the decision to join our association. If you have further questions, please contact the CDPA at [info@cdpa.com](mailto:info@cdpa.com) or 1-800-876-CDPA (2372), or visit our website at [www.cdpa.com](http://www.cdpa.com).

We look forward to assisting you.

Sincerely,

Dr. Graeme Hibberd  
CDPA, President



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**Membership Application (please print or type)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Are you currently licensed to practice dentistry in the province named above? Yes  No

Do you practice at more than one location? Yes  No  If yes, please list all other practice locations on a separate schedule \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Office: ( ) Cell: ( ) Home: ( ) Fax: ( )

\*E-mail: \_\_\_\_\_

**\*Email address is required to keep you informed of CDPA news, upcoming events and current risk management issues**

School of Graduation: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Specialty: \_\_\_\_\_ Year of Completion: \_\_\_\_\_

\_\_\_\_\_

Are you a Professional Corporation? Yes  No  If so, please provide the name and address of the corporation: \_\_\_\_\_

\_\_\_\_\_

How would you prefer to receive your CDPA communications?  E-Mail (electronic)  Mail (printed)

Please send CDPA communications to my office  home

**Please indicate what best describes your practice situation:**

Owner of a Sole Proprietorship  Member of a Group Practice , Total Number of Dentists: \_\_\_\_\_

*If you practice in a group practice, what best describes your role:*

1) Sole Owner  2) Partner  3) Participant in a Cost Sharing Relationship  4) Associate

*If you practice in a group practice, please indicate the number of each:*

1) Owners/ Partners \_\_\_\_\_ 2) Participants in a Cost Sharing Relationship: \_\_\_\_\_ 3) Associates: \_\_\_\_\_

*If you are an Associate, what best describes your contractual agreement?* Employee  Independent Contractor



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**FOR MEMBERSHIP FEES AND PAYMENT OPTIONS PLEASE SEE ATTACHED SCHEDULE “A”**

**IMPORTANT - PLEASE READ!**

*Please give full details of any act, omission, circumstances or dispute* (actual, alleged or otherwise) of which you are aware and/or any of your staff is aware that has currently or in the past resulted in or may in the future result in: legal proceedings; and/or a complaint before the College; and/or any matter for which the assistance of the CDPA may be requested now or in the future.

The CDPA may decline assistance or terminate previously approved assistance, if you have not disclosed any information that ought to have been disclosed in addressing the requirement in the preceding paragraph. You should include the names of anyone involved, the status of the matter, and a detailed description of the act, omission, circumstances or dispute, and any action(s) that you have taken. If none, please state so. **(If additional space is required, please provide full details on a separate piece of paper and attach to application form).**

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I hereby declare that I have accurately disclosed my knowledge of any act, omission, circumstances or dispute (actual, alleged or otherwise) of which I am aware and/or any staff is aware that has currently or in the past resulted in or may in the future result in: legal proceedings; and/or a complaint before the College; and/or any matter for which the assistance of the CDPA may be requested now or in the future. I understand and agree that in the event that the date of any act, omission, circumstances or dispute of the type described above (whether or not disclosed herein) precedes my membership in the CDPA, the adjudication committee at its sole discretion will determine the eligibility on a case by case basis. Applicants should bear in mind that requests for assistance for such pre-membership matters may not be approved.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To confirm your request for membership in the CDPA, the accuracy of the information you have provided with this request for membership, and your acknowledgement of the Objects of the CDPA (set out above), please sign below.

Further to the receipt of your completed application for membership, the Canadian Dental Protective Association is prepared to offer you membership on the following terms and conditions:

- Complaints/investigations or other inquiries or actions brought against you by the College during the six months following the effective date of your membership (which date will be confirmed to you in writing) will reviewed for eligibility for financial assistance for legal services. (CDPA also reserves the right to review any other matters in its sole discretion.)
- Legal assistance for the matters that were or should have been reported on the application or existed prior to the effective membership date will not be eligible for financial assistance for legal services.
- Any further actions, such as College Investigations, HPARB Reviews, Discipline Proceedings or Fitness to Practice Investigations, arising from the matters that were or should have been reported on the application or existed prior to the effective membership date will not be eligible for financial assistance for legal services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CDPA PRIVACY STATEMENT**

The CDPA respects your privacy. The CDPA does not share your information with any other group/organization unless we are authorized by you to do so. By paying your membership dues and renewing your membership in the CDPA, you are consenting to the collection, use and disclosure of your personal information by the CDPA as set out in the CDPA's Privacy Policy which can be found on the CDPA website for your review. You also consent to the use of your personal information for the purposes of sending you information



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**SCHEDULE “A”**

**Option #1**

| Month of Application                       | Membership Fee | H.S.T.   | Total Amount Payable | Membership Expiry Date |
|--|----------------|----------|----------------------|------------------------|
| March, 2020 to February 28, 2021 inclusive | \$1070.00      | \$139.10 | \$1209.10            | February 28, 2021      |

**Option #2**

| Month of Application | Membership Fee | H.S.T.   | Total Amount Payable | Membership Expiry Date |
|----------------------|----------------|----------|----------------------|------------------------|
| <b>2019</b>          |                |          |                      |                        |
| April or May         | \$1961.66      | \$255.02 | \$2216.68            | Feb 28, 2022           |
| June                 | \$1872.50      | \$243.43 | \$2115.93            | Feb 28, 2022           |
| July                 | \$1783.35      | \$231.83 | \$2015.18            | Feb 28, 2022           |
| August               | \$1694.18      | \$220.24 | \$1914.42            | Feb 28, 2022           |
| September            | \$1605.01      | \$208.65 | \$1813.66            | Feb 28, 2022           |
| October              | \$1515.84      | \$197.06 | \$1712.90            | Feb 28, 2022           |
| November             | \$1426.67      | \$185.47 | \$1612.14            | Feb 28, 2022           |
| December             | \$1337.50      | \$173.88 | \$1511.38            | Feb 28, 2022           |
| <b>2020</b>          |                |          |                      |                        |
| January              | \$1248.34      | \$162.28 | \$1410.62            | Feb.28, 2022           |
| February             | \$1159.17      | \$150.69 | \$1309.86            | Feb.28, 2022           |

\*Rates are subject to change upon approval by Board of Directors

**Choice of Payment Option** - I hereby select **Payment Option** \_\_\_\_\_ and:

(a) enclose a cheque in the amount of \$ \_\_\_\_\_ payable to the Canadian Dental Protective Association OR

(b) I hereby authorize the Canadian Dental Protective Association (“CDPA”) to charge my credit card (**Visa or Mastercard Only**) for membership in CDPA in the amount of \$ \_\_\_\_\_.

Credit Card #: \_\_\_\_\_ Card Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_



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**STUDENT OR NEW GRAD PAYMENT SCHEDULE**

| <b>Year of Graduation</b> | <b>Membership Fee</b> | <b>H.S.T.</b> | <b>Total Amount Payable</b> | <b>Membership Expiry Date</b> |
|---------------------------|-----------------------|---------------|-----------------------------|-------------------------------|
| 2020 or later             | \$0                   | \$0           | \$0                         | <b>Feb 28, 2021</b>           |
| 2019                      | \$267.50              | \$34.78       | \$302.28                    | <b>Feb 28, 2021</b>           |
| 2018                      | \$535.00              | \$69.55       | \$604.55                    | <b>Feb 28, 2021</b>           |
| 2017                      | \$802.50              | \$104.33      | \$906.83                    | <b>Feb 28, 2021</b>           |

\*Rates are subject to change upon approval by the Board of Directors

**Choice of Payment Option - I hereby select Payment Option \_\_\_\_\_ and:**

(a) enclose a cheque in the amount of \$ \_\_\_\_\_ payable to the Canadian Dental Protective Association (students need not to include a cheque) OR

(b) I hereby authorize the Canadian Dental Protective Association (“CDPA”) to charge my credit card (**Visa or Mastercard Only**) for membership in CDPA in the amount of \$ \_\_\_\_\_.

Credit Card #: \_\_\_\_\_ Card Expiry Date \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_