



1100 Burloak Drive, Suite 300,
Burlington ON L7L 6B2 • info@cdpa.com,
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 or 1-800-876-CDPA (2372), or visit our website at www.cdpa.com.

We look forward to assisting you.

Sincerely,

Dr. Graeme Hibberd
CDPA, President



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Membership Application

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
Schedule _____ practice locations on a separate

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:

Please send CDPA communications to my office home



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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).**

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 2023 to February 28, 2024 inclusive	\$1100.00	\$143.00	\$1243.00	February 28, 2024

Option #2

Month of Application	Membership Fee	H.S.T.	Total Amount Payable	Membership Expiry Date
2023				
April	\$2108.33	\$274.08	\$2382.41	Feb 28, 2025
May	\$2016.67	\$262.17	\$2278.84	Feb 28, 2025
June	\$1925.00	\$250.25	\$2175.25	Feb 28, 2025
July	\$1833.33	\$238.33	\$2071.66	Feb 28, 2025
August	\$1741.67	\$226.42	\$1968.09	Feb 28, 2025
September	\$1650.00	\$214.50	\$1864.50	Feb 28, 2025
October	\$1558.33	\$202.58	\$1760.91	Feb 28, 2025
November	\$1466.67	\$190.67	\$1657.34	Feb 28, 2025
December	\$1375.00	\$178.75	\$1553.75	Feb 28, 2025
2024				
January	\$1283.33	\$166.83	\$1450.16	Feb.28, 2025
February	\$1191.67	\$154.92	\$1346.59	Feb.28, 2025

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

Choice of Payment Option - I hereby select Payment Option a b 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, Amex or Mastercard**) for membership in CDPA in the amount of \$_____.

Credit Card #: _____ Expiry Date _____ CVV _____

Name on Card: _____

Address of Cardholder: _____

Cardholder’s Signature: _____



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STUDENT OR NEW GRAD PAYMENT SCHEDULE

This excludes specialty programs, please call for fees.

Year of Graduation	Membership Fee	H.S.T.	Total Amount Payable	Membership Expiry Date
2023 or later	\$0	\$0	\$0	Feb 28, 2024
2022	\$275.00	\$35.75	\$310.75	Feb 28, 2024
2021	\$550.00	\$71.50	\$621.50	Feb 28, 2024
2020	\$825.00	\$107.25	\$932.25	Feb 28, 2024

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

Choice of Payment Option - I hereby select Payment Option a b 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, Amex or Mastercard**) for membership in CDPA in the amount of \$_____.

Credit Card #: _____ Expiry Date _____ CVV _____

Name on Card: _____

Address of Cardholder: _____

Cardholder’s Signature: _____