



**CAREER SUPPORT  
MEMBERSHIP APPLICATION FORM  
June 1, 2018 – May 31, 2019**

**RETURN FULLY COMPLETED AND SIGNED FORM TO:**  
Membership Administration, Ontario Dental Association  
4 New Street, Toronto, Ontario M5R 1P6  
Tel: 416-922-3900 • Toll Free: 1-800-387-1393  
Fax: 416-922-4244 • Email: [member@oda.ca](mailto: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. _____	
Address: _____ Home <input type="checkbox"/> Office <input type="checkbox"/>	
City _____ Prov. _____ Postal Code: _____	
Phone # _____ Home <input type="checkbox"/> Office <input type="checkbox"/>	
Date first registered in Ontario: General: _____ Specialty: _____ Years in Practice: _____	
<b>SECTION 1:</b> <input type="checkbox"/> <b>PARENTAL</b>  \$1,004.00 + \$130.52 (HST) = <b>\$1,134.52</b>	Dentist can apply to the Membership Committee to join in the Parental category should they be absent from their practices for <b>a period of four (4) to twelve (12) months</b> 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  The length of time I plan to be absent from my practice <b>between June 1, 2018 and May 31, 2019</b> is:  My leave begins _____ and ends _____ mm/yyyy mm/yyyy Applicant's signature: _____
<b>SECTION 2:</b> <input type="checkbox"/> <b>Post-Grad/Student/Resident</b>  \$151.00 + \$19.63 (HST) = <b>\$170.63</b>	<input type="checkbox"/> The dental program I will be enrolled in is: _____ <b>OR</b> <input type="checkbox"/> The facility at which I will be a Resident is: _____  The program dates between June 1, 2018 and May 31, 2019 are: <b>Start:</b> _____ <b>End:</b> _____ mm/yyyy mm/yyyy <input type="checkbox"/> I will <b>OR</b> <input type="checkbox"/> I will <b>NOT</b> be practicing dentistry while completing studies/residency.
<b>SECTION 3:</b> <input type="checkbox"/> <b>Part-Time</b> <input type="checkbox"/> <b>Semi-Retired</b> <input type="checkbox"/> <b>Registered Retired</b>  \$1,004.00 + \$130.52 (HST) = <b>\$1,134.52</b>	Eligibility/criteria under this category is based on members working <b>800</b> hours or less <b>AND</b> earning net professional income of (NPI) of <b>\$74,975</b> annually. <input type="checkbox"/> Yes, I meet both of these criteria.  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.
<b>Additional Information:</b>  _____  _____  _____  _____	