

## Career Support Membership Application Form

June 1, 2024 — May 31, 2025

## **RETURN FULLY COMPLETED**

By email: member@oda.ca

or By mail: Membership Administration, Ontario Dental Association 4 New Street, Toronto, Ontario M5R 1P6 Tel: 416-922-3900 • Toll Free: 1-800-387-1393

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: _	Specialty: Years in Practice:			
SECTION 1: Parental \$1,034.00 + \$134.42 (HST) = \$1,168.42	Dentist can apply to the Mer practices for <b>a period of fou</b> shall be at the discretion of t one membership year, for ea The length of time I plan to b My leave begins Applicant's signature:	r (4) to twelve (12) months the Membership Services and ich parental leave period, at be absent from my practice and ends	to provide care nd Programs Ac any given time <b>between June</b>	e for a new child. Th lvisory Committee a <b>1, 2024 and May 31</b>	e granting of t and for the max	his status
SECTION 2: Post-Grad/ Student/Resident \$156.06 + \$20.28 (HST) = \$176.28	The dental program I will I OR The facility at which I will The program dates between Start: I will OR I will NOT be p	be a Resident is: June 1, 2024 and May 31, 2		es/residency.		
SECTION 3: Part-Time	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>\$77,240.00</b> annually.					
Semi Retired	Yes, I meet both of these criteria.					
\$1,034.00 + \$134.42 (HST) <b>= \$1,168.42</b>	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.					
SECTION 4: Registered Retired \$466.00 + \$60.58 (HST) = \$526.58	Eligibility under this categor any professional income incl from dental practice related sport teams, charity work lo retired dentists that may be dentistry may be eligible for YES I confirm that I do any income from dental pra- category or contact ODA Me	luding any per diems from activities. Dentists who ar ocally or abroad, didactic o e eligible. Dentists who co the Part-time/Semi-Retired not receive any profession ctice related activities. If yo	performing der e retired and vo or clinical instru- ntinue to receive d category. al income from ou do not meet	ntistry, or who are r olunteer their time action in dental edu re remuneration for a performing dentis	not deriving an to mouth-guar ucation are exa performing o stry or am not	y income rd clinics, imples of ccasional deriving

## **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.