### **FACULTY OF DENTISTRY**

# Supplementary Application Form 2012-2013 Session

EARLY BIRD DEADLINE: DECEMBER 20, 2011 APPLICATION DEADLINE: JANUARY 20, 2012

**INSTRUCTIONS:** 

- Please print using a black pen.
- 2. All questions **MUST** be answered fully or the application will not be processed.
- 3. Complete and return this form with your **Application for Admission**

This personal information is being collected under the authority of **The University of Manitoba** and is protected under the *Protection of Privacy provisions* of *The Freedom of Information and Protection Act*. For complete details see **Section 15 of the Application Form**.

Family Name: Given Names:			Given Names:
Applicant Category?	(Please check one) [ [ [	] ] ]	Regular Applicant Aboriginal Applicant* Special Applicant* Transfer Applicant* (Pending Senate approval this category will be removed).
a	Those applicants applying in any one of 3 above categories marked with an asterisk (*) <u>must</u> include, with this application, an autobiographical sketch as outlined in sections IV.B, IV.C.2, and IV.D.2 of the Application Information Bulletin.  If you are applying as an Aboriginal Canadian you must have self declared your aboriginal background on <b>Section 6 of the Application Form.</b>		

The Application Information Bulletin is available with, and constitutes part of every application from issued. It must be assumed, therefore, that all applicants have read and understood it prior to submitting the completed application.

PART A * PERSONAL DATA				
Family Name:	Given Name:	Initials:		
Gender: Male ( ) Fo	emale ( ) Date of Birth:	Citizensl	hip:	
Citizenship and Residence (see <i>Citizenship and Re</i> • I am a <b>Resident</b> of		mation Bulletin)		
Mailing Address:		Postal Code:		
Permanent Home Address: (if different)		Postal Code:		
Telephone: Residence: Busines ( )	s: Other: E-mail:			
Do you have any mental or physical disability?  If YES, please describe:  Do you have any medical conditions/health problems, that you are aware of, that may affect your ability to perform in the clinical aspect of the study/practice of Dentistry? (infectious diseases, arthritic conditions, impaired vision etc.)  If YES, please describe:				
PART B * EMPLOYMENT & PROFESSIONAL EXPERIENCE				
COMPANY / ORGANIZATION	CITY, PROVINCE	DATES	TYPICAL DUTIES	

PART C * COURSE REQUIREMENTS FOR APPLICATION  (List below the courses you have taken to meet our application requirements)				
Requirement	Course Number	Course Name	Institution	Credit Hours
i.e. Biology	Biol 1020	Biology 1 Principles and Themes	University of Manitoba	3 cr hrs
	Biol 1030	Biology 2 Biological Diversity, Function and Interaction	University of Manitoba	3 cr hrs
Biology				
Chemistry				
Physics				
Organic Chemistry				
Biochemistry				
English				
Humanities/Social Sciences				

Applicants whose pre-dental education was not completed in Manitoba will be eligible for consideration if they have completed courses deemed by the University of Manitoba to be equivalent to those listed in the Applicant Information Bulletin (Page 2, III. A.). Eligibility to other Canadian dental programs does not guarantee eligibility to the University of Manitoba dental program.

Applicants who wish to meet our requirements using transcripts from a <u>non-Canadian institution</u> will be required to present course syllabus for all Core Science courses listed in the above table. The syllabus must include a course description, as well as a listing of course assignments, required readings, texts and labs. If a syllabus cannot be provided, the applicant will be required to take an acceptable course equivalent at a Canadian institution.

PART D * ACADEMIC RECORD			
HIGH SCHOOL	CITY, PROVINCE	DATE COMPLETED	LEVEL COMPLETED
UNIVERSITIES/COLLEGES ATTENDED	CITY, PROVINCE	DATE(S) COMPLETED	LEVEL OR DEGREE COMPLETED
Have you ever attended another Dental School?	☐ Yes ☐ No	)	
If <b>YES</b> , please indicate <b>WHERE</b> and <b>WHEN</b> :			
Have you ever been required to withdraw from another D	ental School?	lo	
If <b>YES</b> , please give details:			
	PART E * APPLICATIO	ON DATA	
When did you write or when will you write the Canad	ian DAT? Give date(s):		
Have you previously filed an application to the Univer-	rsity of Manitoba. Faculty of Dentistry	? □ Yes □ No	
If <b>YES</b> , please give date(s) of application:	,		
List all other Dental Schools to which you are applying	this year:		
, 11,	,		
	PART F * DECLARA	ATION	
All information required in this application must be given			
invalidate this application and may result in immediate re	, 11	• •	
I hereby certify that I have read and understood the instruwith this application are correct.	ctions, the information bulletin, and in	nformation contained herein, a	nd that all statements made in connection
Date: Signature	:		

# ADULT CRIMINAL RECORDS AND CHILD ABUSE REGISTRY INFORMATION ADMISSION AND REGISTRATION

A. The Faculty of Dentistry/School of Dental Hygiene requires that all people <u>APPLYING</u> to the Faculty's education programs submit the enclosed <u>Adult Criminal</u> Records/Child Abuse Registry Self-Declaration form prior to the selection process.

A signed self-declaration of previous adult criminal convictions will not necessarily preclude admission or registration. Learners are not required to disclose records under *The Young Offenders Act*. Any decisions with regard to criminal records will be made by a Faculty Committee. This Committee will consist of the following: the Associate Dean (Academic), Chair of the Committee for Selection in Dentistry, and a student representative. However, applicants to the Faculty of Dentistry/School of Dental Hygiene programs who have adult criminal convictions which indicate they may pose a threat to the safety and well-being of children and others, and applicants who appear on the Child Abuse Registry as an offender, will be denied admission and registration.

#### B. The Faculty of Dentistry/School of Dental Hygiene requires that all applicants <u>accepted</u> to the Faculty of Dentistry/School of Dental Hygiene programs:

1. must submit and be cleared on a formal <u>Criminal Records Check</u> (including vulnerable sector screening) by the time of their initial registration and subsequent annual reregistrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene programs, etc.) each year while in their particular program.

Criminal Records Checks can be obtained from the Winnipeg Police Service, Public Safety Building, 151 Princess St., Winnipeg or: http://winnipeg.ca/police/RC/info\_request.stm#crim\_record\_search or from your local law enforcement agency.

2. must submit and be cleared on a formal *Child Abuse Registry Self-Check* by the time of their initial registration and subsequent annual re-registrations (e.g., April 01 for IDDP registrants, July 20 for Undergraduate Dentistry Programs and Dental Hygiene program, etc.) each year while in their particular program.

The original documents must be verified by the particular Dentistry Education Office after which they will be returned to the learner.

Child Abuse Self-Checks can be obtained from Child and Family Services, Child Protection, 201 - 114 Garry Street, Winnipeg or http://www.gov.mb.ca/fs/childfam/child abuse registry form.html

Although the Province of Manitoba notes on its webpage that if you are applying for an unpaid position working with children, you are to make your application "through the employer/agency as a fee exemption may apply" the Faculty of Dentistry is requiring all learners to complete a Child Abuse Registry Self-Check through the Registry itself.

Please be advised of the following pertinent information.

- 1. Applicant learners who appear on the Child Abuse Registry as an offender, will be withdrawn from the particular undergraduate IDDP, Dentistry and Dental Hygiene Diploma/Degree program.
- 2. The formal checks are the property of the learner and will be returned to the learner.
- 3. Any changes in a learner's status while in the Faculty's dentistry/dental hygiene education programs <u>must be reported</u> to the appropriate Associate Dean or Director, who will then consult with the Faculty committee described above.

## ADULT CRIMINAL RECORDS AND CHILD ABUSE REGISTRY SELF-DECLARATION FORM FOR APPLICATION FOR ADMISSION

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purpose of assessing your application and communicating with you. The information will be kept strictly confidential within the Faculty's Dentistry/School of Dental Hygiene Education Offices and will be not become a part of your permanent record with the University. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of information contact the FIPPA/PHIA Coordinator's Office (tel. 204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, R3T 2N2.

PROGRAM (PLEASE CHECK ONE ONLY):		Undergraduate (DMD degree)	Undergraduate (IDDP)		
Dental Hygiene Diploma (DH)		BSc (DH) Degree Completion			
	Name		— Date of Birth		
	Surname	Given Name(s)		Year/Month/Day	
	Other name(s) which you have	used for any purpose			
	Address				
		Number and Street			
	City/Town	Province	1	Postal Code	
SELF-DECLARATION certify that:	ON STATEMENT				
1. My name	e does not appear on the Child Abu	se Registry as an offender.			
	] or have not [] been convice Only adult criminal records must be		e, Controlled Drugs and Substances A	Act or Food and Drugs Act for which no pardon has been	
If you have be	een convicted of an offence as desc	ribed above please explain using the space p	provided on the following form:		
•		ce pursuant to the Criminal Code, Controlle e appropriate Assistant/ Associate Dean or		d and Drugs Act and are subsequently convicted, it is your try.	
Date:		Signature	:		

A signed self-declaration of previous adult criminal convictions will not necessarily preclude admission. However, applicants who have adult criminal convictions which indicate they may pose a threat to the safety and well-being of children and others will be denied admission. Applicants who appear on the Child Abuse Registry as an offender are not eligible for admission.

## SUBMISSION OF FALSE INFORMATION WILL INVALIDATE THE APPLICATION AND WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION OR EXPULSION FROM THE FACULTY OF DENTISTRY.

Additional Information:
If you have been convicted of an offence as described above, you should elaborate in the space provided below with respect to:  • Where and when the offence(s) took place,  • The nature of the offence(s),  • The nature of any sentence (including time spent in prison, probation, community service, etc.),  • Whether you are still fulfilling the requirements of your sentence, and (if so) when those obligations will be completed.  Any other relevant information which may assist the Faculty of Dentistry's educational programs in considering your application should be included. You may comment on the implications you perceive this has had on your decision to seek a professional career in Dentistry and Health Care.  If you are unclear about what to declare here, that is, misdemeanors etc, please verify with your local police services.

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