

CDBC's Confirmation of Patient Commitment

I, _____, have agreed to act as a patient for the Complete Denture Examination to be held in Surrey on July 3 - 6, 2018 (inclusive), and confirm that I am aware of the following commitments and requirements with respect to this examination.

1. I am aware of the commitment to this examination including:
 - i. The four day requirement;
 - ii. The daily time requirement;
 - iii. That I will be treated by an Examination Candidate other than the Candidate that brought me;
 - iv. That I am expected to follow the directions and requests of the Candidate who is treating me;
 - v. That I may be undergoing procedures which may be different than what I have previously encountered;
 - vi. That I am expected to take all steps to ensure that I am healthy and able to be worked on without undue duress to the Candidate;
 - vii. That I will comply with the times to be in attendance at the facility as indicated by the Candidate;
 - viii. That upon completion of the examination on the fourth day, I will be required to remain at the examination facility until the Examiners have examined the dentures and I have been released by the Registrar or designate;
 - ix. That failing to attend as required and/or failing to remain until released by the Registrar or designate, will result in the Candidate's failure and immediate dismissal from the examination as well as the disqualification of the Candidate who is treating me in the examination; and
 - x. That I will **NOT** receive the new dentures made by the Candidate.

2. I **must** meet the following requirements:
 - i. Be consistently (and comfortably) wearing and functioning with a maxillary and mandibular complete denture, on a daily basis, and the dentures must be in excess of six (6) months of age;
 - ii. Be able to fluently communicate in English, both verbal and written; and
 - iii. Be a skeletal Class I jaw relationship (Orthognathic).

3. I am not a Denturist, Dentist or any other oral health professional.

Certification/Affirmation

I hereby certify/affirm that the information given on this form is correct and complete to the best of my knowledge and belief, and I sign this in the presence of a witness at the City/Town of _____, British Columbia, on this ___ day of _____, 2018.

Patient's Name (print)

Candidate's Name (print)

Patient's Signature

Candidate's Signature

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLLEGE OFFICE
BY JUNE 22, 2018.**