Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

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www.rcdso.org

Practice Name Registration Application Form

PROPOSED PRACTICE NAME:

STREET: SUITE:

CITY: PROVINCE: POSTAL CODE:

TEL: FAX: E-MAIL:

WHAT IS THE REASON FOR YOUR SELECTION OF THE PROPOSED PRACTICE NAME?

FOR NEW PRACTICES, INDICATE DATE OF OPENING:

PLEASE LIST THE FULL NAMES OF ALL DENTISTS PRACTISING AT THIS LOCATION.

For each dentist, please list the RCDSO registration number after each dentist's name; indicate whether the dentist listed is the *Principal* (P) dentist or an *Associate* (A); and if this office will be the *primary* office address for each of the listed dentists. (Please use the back of this form if additional space is required.)

	DENTIST'S FULL NAME	REGISTRATION NUMBER	PRINCIPAL OR ASSOCIATE	DENTIST'S PRIMARY ADDRESS
1			(P) ☐ (A) ☐	YES ☐ NO ☐
2			(P) ☐ (A) ☐	YES ☐ NO ☐
3			(P) ☐ (A) ☐	YES ☐ NO ☐
4			(P) ☐ (A) ☐	YES ☐ NO ☐
5			(P) ☐ (A) ☐	YES ☐ NO ☐
6			(P) ☐ (A) ☐	YES ☐ NO ☐

DO ANY OF THE DENTISTS LISTED ON THE FIRST PAGE PRACTISE AT ANY OTHER LOCATION? YES ☐ NO ☐

If the answer is "Yes", please list the dentist's name and give the address(es) of the other location(s). (Please use the back of this form if additional space is required.)

	DENTIST'S NAME	ADDITIONAL ADDRESSES (PLEASE INDICATE THE PRIMARY OR SECONDARY OFFICE ADDRESSES.)
1		
2		
3		
4		

Name of Applicant (please print full name)

Date submitted to RCDSO

PLEASE NOTE:

The College does not grant the exclusive right to use practice names. The approval of a practice name by the College should not be construed in any way to be a grant of the right to use such name at law. You may wish to consult with the Ministry of Government Services (www.mgs.gov.on.ca) and your lawyer to determine whether this name has previously been registered with the Ministry and/or has had exclusivity secured by law.

Please return the completed application form

By mail: Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto, Ontario M4W 1T1
Attn: Dr. Fred Eckhaus, Senior Dental Consultant, Professional Conduct

By e-mail: feckhaus@rcdso.org

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