



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

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Application for Community Consultation Group

DATE _____

NAME _____

POSTAL ADDRESS _____

DAY TIME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DETAILS OF RELEVANT COMMUNITY INVOLVEMENT

ADDITIONAL INFORMATION (if needed)

I attest that I am not a registered health care provider, nor am I involved either directly or indirectly with the delivery of oral health care in the province.

Signature

Date

HOW TO APPLY:

Please submit your application to RCDSO Registrar Irwin Fefergrad.
By surface mail: 6 Crescent Road, Toronto, ON M4W 1T1
By email: ifefergrad@rcdso.org