Undertaking

Each Director of the Health Profession Corporation to execute a separate Undertaking.

I, _____ , a member of the Royal College of Dental
Name of Director

Surgeons of Ontario (College) and a director and a shareholder of

_____
Name of Corporation (Corporation)

UNDERTAKE TO THE COLLEGE AS FOLLOWS:

1. I accept professional responsibility for any act or omission of the Corporation that would be professional misconduct if such act or omission had been committed or omitted by a member of the College.

2. I will ensure that the Corporation does not do or cause to be done or omit or cause to be omitted anything that would be professional misconduct if done or omitted to be done by a member of the College.

3. I will ensure that the Corporation does not engage in the practice of dentistry or any activity related or ancillary to the practice of that profession unless it maintains a valid Certificate of Authorization issued by the College.

4. I will ensure that the Corporation does not practise under any name other than the name of the Corporation, a practice name previously approved by the College for use by a dentist shareholder of the Corporation or a name permitted by Regulation.

5. I will ensure that the Corporation complies with the Regulated Health Professions Act, 1991, the Dentistry Act, 1991, the regulations made under those Acts, and the by-laws of the College.

6. I will ensure that the College is notified immediately of any change in shareholders of the Corporation and that any future dentist shareholder of the Corporation execute and file with the College, within ten days of becoming a shareholder of the Corporation, an Undertaking in a form approved by the College.

7. I will ensure that the College is notified of any changes to practice locations of the Corporation as soon as they occur.

8. I acknowledge that a breach of this Undertaking may result in referral of specified allegations of professional misconduct against me to the Discipline Committee arising out of my failure to abide by any of the terms of this Undertaking.

9. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

_____   _____
Signature of Director (must be a dentist and member of the College)   Signature of Witness

_____   _____
Name of Director (please print)   Name of Witness (please print)

                                                 _____
RCDSO | Royal College of   Date (Day/Month/Year)
Dental Surgeons of Ontario

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