

Undertaking

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

I, _____, a member of the Royal College of Dental Surgeons of Ontario (College) and a shareholder of

Name of Shareholder

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 College is notified within ten (10) days if I cease to be a shareholder of the Corporation.
4. 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.
5. I acknowledge having been advised to obtain independent legal advice prior to signing this Undertaking.

Signature of Dentist Shareholder (must be a member of the College)

Signature of Witness

Name of Shareholder (please print)

Name of Witness (please print)

Date (Day/Month/Year)