

Process to enter your Continuing Education Credits/Hours

Step #1 – Login

Please see the following process for logging into your MDA Member portal.

- Note this process varies from RDA to Dentist.
- We suggest for ease of access you use your [MDA Affiliated Email Address](#).

RDA's Member Login - use your MDA Member affiliated email address OR the last 4 digits of your Member ID #

DENTIST Member Login - use your MDA Member affiliated Email Address OR the last 6 digits of your MDA member ID # i.e. 000-000.

Forgot your Password? - Click and follow the steps to creating a new Password

Member Login

seo@webwizards.ca

Remember Me?

Submit

Forgot Password

Dentists

Only your dentist has the education, skills, knowledge and expertise to examine your teeth, diagnose dental needs, and make recommendations for a comprehensive treatment plan for cavities, gum disease, mouth or throat cancers. Dentists can address dental emergencies and provide preventative maintenance.

In order to graduate from a dental program, dental students complete 6 years of study to become a doctor of dental surgery [DDS] or doctor of dental medicine [DMD] from a dentistry program.

Dentists lead the health team that is comprised of dental hygienists, registered dental assistants and office staff to care for your oral health.

A dentist must be registered and licensed with the Manitoba Dental Association in order to practice dentistry in Manitoba.

Step #2 – View “My Account” and Click to Enter your CE

Manitoba Dental Association 204.988.5300

Dental Professionals Public / Patients About MDA

Change Password Logout

My Account

CLICK Here to enter your CE Submission

Once you have logged in you will be taken to "My Account" page

Summary

Name:	Demo RDA
Email:	seo@webwizards.ca
MDA ID:	0
CE Anniversary Date:	Dec-04-2020
CPR Expiry Date:	
Status ID:	19

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Continuing Education Portfolio

CLICK HERE to SUBMIT a CE Report

Here you can view your CE Portfolio Summary

Summary

CE Anniversary Date:	Dec-04-2020
Current Total Credit Hours for CE Cycle:	1.00
Current Total Credits in One Subject Area:	1.00
Current Total Credit Hours for Non Clinical, Dental Related:	0.0
Current Total Credits for Infection Control:	0.0

Synchronous Seminars, Lectures and Participation Activities

Course Title	Date Taken	Hours
Test Course	10/01/2021	1.00
Total Hours for Category (no max)		1.00

Step #3 enter your CE Course Information

My Account

Continuing Education

Continuing Education Portfolio

Submit CE Report

Member Communications

Office Assessment Resources

Resources

Careers & Practices For Sale

Payment History

Change Password

Bylaw

CE Submissions

Once you have reached the CE Submission Page please be sure to complete all steps in the process.

Dentist / Registered Dental Assistant

Each course must be submitted separately and within 60 days of attendance in accordance with the Bylaw for Continuing Education.

Synchronous courses must be live and attended either in-person or via media that allows for interactive, two-way learning.

Certain programs such as CPR, Sedation, Advanced Study programmes, etc cannot be submitted through this CE Submission Form and must be sent to ce@manitobadentist.ca for proper credit.

*** All fields are required**

Course Title

Subject Area

Non-Clinical, Dental Related (ex. practice mgmt) ▼

Course Attendance in Hours

1.25 ▼

Course Date (mm/dd/yyyy)

Credit Hours Category

**** if program is not listed, please contact ce@manitobadentist.ca

Volunteer Presentations to Non-Professional Groups ▼

Approved Course Sponsor Type

A national or international RDA association ▼

Name of Approved Course Sponsor

Digital Copy of Proof of Participation

[Click to add files](#)

* Valid file types are: .jpeg, .jpg, .png, .gif, .pdf

Selected Files: None

Step #4 Attestation & Submit

[Click to add files](#)

* Valid file types are: .jpeg, .jpg, .png, .gif, .pdf

Selected Files: None

Attestation by Member

I confirm the accuracy this submission and will retain all my original CE documents for a period of 5 years past the end of my current 3-year CE cycle in which I am making this submission. I understand that providing any false or misleading information on this submission constitutes professional misconduct and will be referred for Peer Review. I also understand that my submissions may be reviewed, rejected, edited and/or audited by the Manitoba Dental Association at any time.

[Submit](#)

Be sure to check Attestation

Once all information has been completed Submit