

COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA
Continuing Competency Credit Form

2009

Name: _____ Registration Number: _____ CC Cycle Dates: _____

Please check your area(s) of dental hygiene practice: Clinical Therapy Community Health Education Administration Research

Date(s) (M,D,Y)	Title of Course/Lecture/Activity	Presenter / Sponsor	Applicability to your dental hygiene practice	Credits
Subtotal: Credits for 2009				
Add: Credits previously reported				+
Total CC Cycle Credits <i>(This is the total that will be recorded on your CDHBC record.)</i>				

I hereby certify that I have participated in the continuing competency activities described above for the number of credit hours requested and that the activities meet the CDHBC Continuing Competency Policies as outlined in Tab 8 of the Registrant's Handbook.

Registrant Signature: _____ Date: _____