COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Continuing Competency Credit Form

2010

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 2010	
			Add: Credits previously reported	
			Total CC Cycle Credits (*This is the total that will be recorded on your CDHBC record.)*	

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: _____