



COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 219, Yarrow Building, 645 Fort Street
Victoria, British Columbia V8W 1G2

Telephone (250) 383 4101
Facsimile (250) 383 4144

APPLICATION FOR REGISTRATION

Please read the *Registration Information guide*, available online: <http://cdhbc.com/registration/forms.aspx> before completing this application.

DEMOGRAPHIC INFORMATION

1) Name: _____
SURNAME GIVEN NAMES

FORMER NAMES (List all) _____

2) Mailing Address: _____
NO. STREET

_____ CITY PROVINCE POSTAL CODE

3) Telephone: (_____) _____ Alternate Telephone: (_____) _____
 Facsimile: (_____) _____ Email: _____

4) Gender (Circle one): FEMALE MALE 5) Date of Birth: _____ / _____ / _____
MM/DD/YYYY

Attach notarized
head & shoulders photograph
here.

**Notary stamp
and/or seal must
be on photograph.**

**Staple photo to this
section and Notary stamp
and/or seal impresses
through both photo and
page #1.**

6) CLASS OF REGISTRATION

I am applying for: (Check one)

- Full Registration Conditional Registration Non-practicing Registration

7) LABOUR MOBILITY (Check if applicable)

- I hold non-restricted registration in a Canadian jurisdiction and am applying under the Agreement on Internal Trade.

8) DENTAL HYGIENE EDUCATION

- A) I am a recent graduate from a dental hygiene program listed in Schedule I of the CDHBC bylaws,* and a notarized copy of my graduation certificate is attached.
OR
- B) I graduated in 2009, or prior, from a dental hygiene program listed in Schedule I of the CDHBC bylaws,* and a notarized copy of my graduation certificate is attached.
OR
- C) I graduated from a dental hygiene program which is not listed in Schedule I of the CDHBC bylaws* but which has been accredited recently by the Commission of Dental Accreditation of Canada (CDAC), and a notarized copy of my graduation certificate is attached.
OR
- D) I graduated from a dental hygiene program which is not listed in Schedule I of the CDHBC bylaws,* and I have successfully completed the National Dental Hygiene Certification Board Examination and the BC Dental Hygiene Clinical Examination. (If selected, please proceed to section 10)

*A copy of the CDHBC Bylaws can be found in the *Registration Information Guide* available on our website:
<http://cdhbc.com/registration/forms.aspx>.

Please list all dental hygiene education below:

NAME OF INSTITUTION	PROVINCE / STATE	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY	DIPLOMAS, DEGREES OR LEVEL ATTAINED
		___/___/___	___/___/___	
		___/___/___	___/___/___	

9) **NATIONAL DENTAL HYGIENE CERTIFICATION BOARD**

- I wrote the Canadian National Dental Hygiene Certification Board Examination on ___/___/___ and examination results are not yet available. I will forward a notarized copy of my certificate to the CDHBC office as soon as it becomes available.
- OR**
- I am certified with the Canadian National Dental Hygiene Certification Board and a notarized copy of my certificate is attached.

10) **Clinical Examination Information (Check all that apply)**

Complete if section 8) D) was selected

- A) I have passed the British Columbia Clinical Examination.
- B) I have passed a Clinical Examination in another Canadian jurisdiction.

- If 10) B) is selected, please indicate:

1) The Canadian jurisdiction where the Clinical Exam took place: _____

2) The date the Clinical Exam took place: (mm/dd/yy): _____

- C) I have attempted a Clinical Examination in a Canadian jurisdiction and was unsuccessful.
- D) I have never attempted a Clinical Examination in any Canadian jurisdiction.

11) **LOCAL ANESTHESIA**

a) **EDUCATION** (Check one)

- I have successfully completed a CDHBC-approved course in local anesthesia and notarized proof is attached either in the form of a transcript, certificate or a B.C. dental hygiene diploma. (proceed to section 11) b) below)
- OR**
- I have successfully completed a course in local anesthesia that is not approved by the CDHBC, and notarized proof is attached either in the form of a transcript or certificate. I am applying for conditional registration and request that the CDHBC assess my qualifications. (proceed to section 11) b) below)
- OR**
- I have not completed a local anesthesia course and am applying for conditional registration. I understand that conditional registration may be granted for a maximum period of two years. (If selected, proceed to section 12)

b) **ELIGIBILITY TO PRACTICE** (Check one)

- I am a new graduate and have not yet been eligible to practice local anesthesia.
- OR**
- I have either: 1) been eligible to practice local anesthesia within the past three years in _____ (Province or State) and an original letter of good standing stating my eligibility is attached, or 2) I completed my local anesthesia course within the past three years.
- OR**
- I do not meet the eligibility requirement for I have not completed a local anesthesia course or practiced L.A in the last 3 years and am applying for conditional registration. I understand that conditional registration may be granted for a maximum period of two years.

12) CONTINUING COMPETENCY**Continuing Competency Information for Applicants**

Continuing education policies and guidelines can be found in the CDHBC Registrant's Handbook available on the College website at: <http://cdhbc.com/pdf/Tab%208.pdf>. There are many sources of continuing education available on the internet and in publications. Please carefully review the self-study section of the Continuing Competency Guidelines for more information.

If you are required to submit Continuing Competency credits with your application, please ensure that you complete the appropriate Option Form and that proper supporting documentation is attached. Only Continuing Competency activities completed after your date of graduation will count towards your registration application.

Your CDHBC Continuing Competency Cycle will commence the day you become a registered Dental Hygienist in B.C, and will end on December 31st, three years following that date. You need to complete 75 CC credits within those three (+) years in order to maintain registration. Any CC credits you complete in order to apply for registration and submit with your registration application do not count towards your CDHBC Continuing Competency Cycle.

Full Practicing and Conditional registration applicants are required to demonstrate Continuing Competency (CC) by meeting at least one of the following five options (A-E). (Check one or all that apply)

OPTION 1

- I am a registered dental hygienist and hold current registration in another Canadian jurisdiction and am applying under the Agreement on Internal Trade (AIT). I have forwarded a letter of good standing directly from the regulatory body with which I am registered as proof of my registration.

OPTION 2

- A)** I am a recent graduate and I require **0** Continuing Competency Credits to apply for registration. I do not need to complete any Continuing Competency Option forms.
- B)** It is now past March 1st of the year following my graduation date and I require **25** Continuing Competency Credits to apply for registration. Proof of 25 Continuing Competency Credits (completed after graduation) is recorded on the Option 2 form and attached with all supporting documentation.
- C)** It is now past March 1st of the 2nd year following my graduation date and I require **50** Continuing Competency Credits to apply for registration. Proof of 50 Continuing Competency Credits (completed after graduation) is recorded on the Option 2 form and attached with all supporting documentation.
- D)** It is now past March 1st of the 3rd year following my graduation date and I require **75** Continuing Competency Credits to apply for registration. Proof of 75 Continuing Competency Credits completed within the past three years is recorded on the Option 2 form and attached with all supporting documentation.

OPTION 3

- I have successfully completed a CDHBC-approved dental hygiene refresher course within the past three years and notarized proof is attached.

OPTION 4

- I have successfully completed the BC Dental Hygiene Clinical Examination within the past three years.

OPTION 2, B, C or D – CONTINUING COMPETENCY

Verification of Continuing Competency Credits

Applicant Name: _____ Former Name: _____
SURNAME GIVEN NAMES (IF APPLICABLE)

I graduated on _____ and in accordance with the CDHBC bylaws, I am
Graduation Date

required to show _____ Continuing Competency credits.
25, 50 or 75

- **All CC credits submitted must be accompanied with documentation demonstrating attendance of the course.**
- Please refer to Tab 8 of the CDHBC Registrant’s Handbook to ensure courses meet the guidelines.
- All information regarding a course must be completed; all conference courses must be listed by individual courses attended.
- Applicants who have not accumulated 25, 50 or 75 CC credits since their graduation date may choose to obtain additional credits by participating in CC activities prior to submitting their application form.

Please check your area(s) of dental hygiene practice:

____ Clinical Therapy ____ Community Health ____ Education ____ Administration ____ Research

1	Title of course/activity: _____ Presenter & Sponsor: _____ Dates (mm/dd/yyyy): ____/____/____ Hours attended/credits requested: _____
2	Title of course/activity: _____ Presenter & Sponsor: _____ Dates (mm/dd/yyyy): ____/____/____ Hours attended/credits requested: _____
3	Title of course/activity: _____ Presenter & Sponsor: _____ Dates (mm/dd/yyyy): ____/____/____ Hours attended/credits requested: _____
4	Title of course/activity: _____ Presenter & Sponsor: _____ Dates (mm/dd/yyyy): ____/____/____ Hours attended/credits requested: _____
5	Title of course/activity: _____ Presenter & Sponsor: _____ Dates (mm/dd/yyyy): ____/____/____ Hours attended/credits requested: _____

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 Guidelines for Mandatory Continuing Competency as outlined in Tab 8 of the Registrant’s Handbook, including any credit limitations.

Signature: _____ Date: _____

Please make additional copies of this form if required. Please sign and date each form submitted.

13) **PROFESSIONAL NEGLIGENCE INSURANCE** (Check one)

- I have professional negligence insurance in the amount of \$1 million per occurrence and a copy of my insurance policy is attached.
- OR**
- I have professional negligence insurance in the amount of \$1 million per occurrence through my CDHA membership and CDHA has forwarded proof to the College on my behalf.

Please note: It is the responsibility of the applicant to ensure that the CDHA forwards an insurance verification to the College.

14) **GOOD STANDING** (Check one)

- I have never been registered to practice dental hygiene in any jurisdiction.
- OR**
- An original letter of good standing has been mailed directly to the CDHBC office from each previous and/or current jurisdiction of registration listed below.

List all jurisdictions where you are currently or were previously registered as a dental hygienist.

STATE, PROVINCE OR JURISDICTION	REGISTRATION DATE MM/DD/YYYY	EXPIRY DATE MM/DD/YYYY	REGISTRATION #
	//___	_/_/___	
	//___	_/_/___	

If more space is needed, please provide an attachment.

15) **GOOD CHARACTER**

- a) Have you ever been convicted of a criminal offence or are you currently undergoing criminal investigation?
(Circle one)

YES NO

- If YES, I have attached documentation indicating the date(s), nature of the offence(s) and location.

- b) Has your entitlement to practice dental hygiene ever been limited, restricted, suspended or cancelled in any jurisdiction of previous or current registration? (Circle one)

YES NO

- If YES, I have attached documentation indicating the date(s), nature of the occurrence(s) and jurisdiction.

- b) At the time of this application, is your dental hygiene practice under review, investigation or other proceeding?
(Circle one)

YES NO

- If YES, I have attached documentation indicating the date(s), nature of the occurrence(s) and jurisdiction.

- d) Have you ever been denied registration in another jurisdiction?
(Circle one)

YES NO

- If YES, I have attached documentation indicating the date(s), nature of the occurrence(s) and jurisdiction.

16) **CRIMINAL RECORD CHECK CONSENT FORM AND PROCESSING FEE**

- I have attached the original, completed Consent to a Criminal Record Check form and the \$20 processing fee. Payment is in the form of a certified cheque or money order, payable to the Minister of Finance; or completion of the Application for Pre-Authorized Credit Card Usage form.

- Please verify that your credit card numbers are correct as printed on the Pre-Authorized Credit Card Usage form. Please note, the Ministry will not accept personal cheques.
- Incomplete or incorrect submitted information on the criminal record consent and/or payment forms will be sent back to the applicant for proper completion. This will result in further delay of your application processing.



Consent to a CRIMINAL RECORD CHECK

IMPORTANT: Please read information and instructions on Page 2. Ensure payment is included with form.

Schedule Type*: A B C D E F

PART 1 – APPLICANT INFORMATION – To be completed by all schedule types.

Last Name: _____ Full First: _____ Full Middle: _____

Birth Date: _____ (yyyy/mm/dd) Gender: Male Female Birth Place: _____ (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Surname: _____ First: _____ Middle: _____

Mailing Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Contact Phone : (_____) _____ BC Driver Licence # : _____

PART 2 – ORGANIZATION INFORMATION – To be completed by all, except Schedule F.

Section A

Please complete this section if you have an ID number from Criminal Records Review Program

Organization Name: The College of Dental Hygienists of B.C.
Company / Ministry / Childcare Resource Referral Program (CCRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools

ID Number (provided by the Criminal Records Review Office): _____

If you are unable to provide an ID Number please complete Section B.

Section B

Organization Name: CDHBC Name of Subcontractor (if applicable): N/A

Mailing Address: #219 - 645 FORT STREET, Yarrow Building.

City: Victoria Province: B.C. Country: Canada Postal Code: V8W 1G2

Office Phone: (250) 383-4101 Fax: (250) 383-4144

Applicant's Employment Position / Job Title (if applicable): N/A

Contact / Licensing Officer Name (if applicable): Gillian Dyck or Robin Adams

Governing Body Licence or Registration # (if applicable): N/A

PART 3 – Complete for Schedule D Only

Child Care Facility Name: _____

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature _____ Parent or Guardian Signature for Applicant Under 19 Years of Age _____ Date Signed _____

PSSG08-000 10/2008



Ministry of Public Safety and Solicitor General
Policing and Community Safety Branch
Security Programs
Criminal Records Review Program

Mailing Address:
P.O. Box 9217 STN PROV GOVT
Victoria, BC V8W 9J1
Fax: (250) 356-1889

Courier Address:
4000 Seymour Place
Victoria, BC V8X 1W5



Ministry of Public Safety and Solicitor General

Criminal Records Review Program

Application for Pre-Authorized CREDIT CARD USAGE

To be completed if paying by credit card.

Directions: You may complete the form fields at your computer, print, then sign and date OR print the form out and complete using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned.

PART A -- CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (check one):

Payment Type: Visa Mastercard

I hereby authorize to deduct \$20.00 for each applicant listed in Part B — \$ _____ (total payment authorized).

I wish to establish a drawdown account.

I wish to replenish an existing drawdown account.

Credit Card Number: _____ Expiry Date: ____ / ____ (Month / Year)

Print Cardholder's Last Name: _____ First Name: _____

Signature of Cardholder: _____ Date signed: ____ / ____ / ____
(Year / Month / Day)

Address: _____ Telephone No: _____

Postal Code: _____

Name of Organization: _____

PART B -- INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECK HERE if you require more space and continue on a separate sheet, attaching it securely to this form.

PART C -- FOR SECURITY PROGRAMS USE ONLY

Involved in: _____ Date of Approval: _____ Completed by: _____ Date: _____

PSSG 08-000 10/2006

Making British Columbia a Safer Place for Children



Ministry of Public Safety and Solicitor General
Policing and Community Safety Branch
Security Programs
Criminal Records Review Program

Mailing Address:
P.O. Box 9217, STN. PROV. GOVT
Victoria, BC V8W 9J1
Fax: (250) 356-1889

Courier Address:
4000 Seymour Place
Victoria, BC V8X 1W5

www.pssg.gov.bc.ca/criminal-records-review

17) BC REGULATION ASSESSMENT

- I have completed the *B.C. Regulation Assessment*, contained in Tab 12 of the Registrant's Handbook (<http://cdhbc.com/resources/handbook.aspx>), and I have signed and submitted Form 1 in the registration application forms.

Please keep the results of your *B.C Regulation Assessment* for your documentation only. Form 1 does not need to be notarized.

The British Columbia Dental Hygiene Regulation Assessment is designed to ensure the registrant has knowledge and understanding of the legislative framework for dental hygiene practice in B.C., including the Code of Ethics, relevant portions of the *Health Professions Act*, Dental Hygienists Regulation and bylaws by which dental hygienists are governed in this province.

18) PAYMENT OF FEES

Applicants are required to submit the following fees: A) Application Fee, B) Initial Registration Fee and C) Annual Registration Fee.

I have attached a cheque or money order in Canadian funds, payable to the College of Dental Hygienists of BC (CDHBC), for payment of the following fees:

A) Application Fee (non-refundable):

- \$55 Application Review Fee enclosed.

B) Initial Registration Fee: (a one-time fee applicable to all new registrants)

- \$520 Initial Registration Fee enclosed

C) Annual Registration Fee: (Check one)

- \$415 for Full Practicing or Conditional Registration enclosed (\$240 after September 1, 2010, expiring February 28, 2011)

OR

- \$ 205 for Non-Practicing Registration enclosed

Please include all funds in one payment on a cheque or money order payable to the CDHBC.

We do not accept credit cards for registration application fees.

Please indicate the total of attached payment: \$ _____ CDN Funds

COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

FORM 1

BRITISH COLUMBIA DENTAL HYGIENE REGULATION ASSESSMENT

The British Columbia Dental Hygiene Regulation Assessment is designed to ensure that the registrant has knowledge and understanding of the legislative framework for dental hygiene practice in B.C., including the Code of Ethics, relevant portions of the *Health Professions Act*, Dental Hygienists Regulation and bylaws by which dental hygienists are governed in this province.

The British Columbia Dental Hygiene Regulation Assessment is contained in Tab 12 of the B.C. Registrant's Handbook, available online: <http://cdhbc.com/resources/handbook.aspx>

Declaration:

I declare that I have completed the British Columbia Dental Hygiene Regulation Assessment as required, in accordance with the bylaws of the College of Dental Hygienists of British Columbia.

I will remain at all times in compliance with the *Health Professions Act*, Dental Hygienists Regulation and bylaws of the College of Dental Hygienists of British Columbia during my registration as a dental hygienist in this province.

Name: _____
Surname Given Name(s)

Signature: _____ Date: _____

COMPLETION OF THIS FORM IS A REQUIREMENT FOR REGISTRATION UNDER THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA BYLAWS, SECTION 39(1)(e).

DECLARATION

I hereby submit my application to become registered as a dental hygienist with the College of Dental Hygienists of British Columbia and declare, in the presence of a notary public, the following:

1. I have read, understand and will remain at all times in compliance with the *Health Professions Act*, the Dental Hygienists Regulation and the CDHBC bylaws.
2. I am a person of good character consistent with the ethical qualities expected of a CDHBC registrant, including integrity and commitment to caring for others.
3. I do not know of any reason, condition or circumstance why I should not be granted registration.
4. I will ensure that I maintain professional negligence insurance coverage for the entire registration period.
5. *For Conditional registration applicants only:* I understand that, if I am applying for Conditional registration without local anesthesia qualifications, I may not administer local anesthesia, and I know that my registration in this province may be renewed to a maximum period of two years.
6. *For Non-Practicing Registration Applicants Only:*
 - I undertake not to practice dental hygiene in British Columbia during the period of non-practicing registration.
 - I understand that to return to practice, I must meet the requirements of a practicing registrant as outlined in the CDHBC bylaws.
7. All information provided on this form is true and correct.

I make this solemn declaration, conscientiously believing all the above statements to be true and complete, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Date

CERTIFICATION OF NOTARY PUBLIC

Declaration taken and signed before me, and certified that the photograph attached to this application is the

likeness of the applicant, in the city of _____, Province of _____

this _____ day of _____, _____
Day Month Year

Name of Notary Public

Signature of Notary Public (and Seal)

SEAL OR STAMP REQUIRED ON NOTARY SIGNATURE AND ON APPLICANT PHOTOGRAPH

Registration Application Enclosure Checklist

- #1 – 5, Personal information complete and notarized head and shoulders photograph attached
- #8, notarized copy of Dental Hygiene diploma
- #9, notarized copy of the National Dental Hygiene Certification Board exam certificate
- 11a) Proof of successful completion of a Local Anesthesia Course (N/A for those who have not completed a Local Anesthesia course and are applying for Conditional Registration).
B.C. grads need only provide the Notarized copy of the Dental Hygiene Diploma as an approved L.A. course is completed within all B.C. dental hygiene diploma programs.
- 11b) Proof of eligibility to perform Local Anesthesia within the last three years (N/A for those who have not been eligible to perform Local Anesthesia within the last three years and are applying for Conditional Registration)
- 12) Proof of Continuing Competency: Option 1, Option 2, Option 3 or Option 4 with supporting documentation. Those applying under the Agreement on Internal Trade (AIT), Option 1, have forwarded a letter of good standing from any and all jurisdictions previously registered in, as per #14.
- 13) Proof of professional negligence insurance. One-page policy summary attached to application or email forwarded to Registration Office from insurance provider.
- 14) Letter(s) of good standing forwarded from each previous or current jurisdiction of dental hygiene registration.
- 16) Original completed Consent to a Criminal Record Check form and \$20.00 processing fee as a certified money order or a completed Pre-Authorization to a Credit Card Usage form.
- 17) Completed B.C Regulation Assessment, and signed/dated Form 1 to send in with the registration application forms. (Please keep assessment and responses for your own records)
- 18) Application for Registration Fees, cheque or money order for the total amount of the fees, payable in Canadian funds to the College of Dental Hygienists of B.C.
We do not accept credit cards.

**Please mail the complete Registration Application
and enclosures to:
The College of Dental Hygienists of British Columbia
645 Fort Street, Suite 219
Victoria, B.C, V8W 1G2**

Please note: Important information regarding your registration application process

- Processing time is up to 6 weeks from the day that your completed registration application is received. If any portion of your application is incomplete, please be aware this will prevent the application from being processed until such time that all information is received. The registration application must be processed, approved and a registration number must be issued prior to dental hygiene practice in B.C.
- You will be notified of your registration application approval by telephone. The CDHBC is able to release your registration number to you over the phone. After your registration status has been confirmed by telephone by a member of the CDHBC staff, you will be able to commence dental hygiene practice. Your registration package is then forwarded to you in the mail.
- All registrations expire on February 28, 2011. All registrants must apply for registration renewal and submit renewal fees by February 28, 2011, to remain on the College register. Failure to submit the renewal forms and fees by February 28th, 2011 will result in removal from the Register.