



# 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 2010 CLINICAL EXAMINATION

PLEASE READ THE 2010 CLINICAL EXAMINATION INFORMATION GUIDE BEFORE COMPLETING THIS APPLICATION

### INFORMATION

1) Name: \_\_\_\_\_  
SURNAME GIVEN NAMES

FORMER NAMES (List all)

2) Home Address: \_\_\_\_\_  
NO. STREET

CITY

PROVINCE

POSTAL CODE

3) Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work/Alternate Telephone: (\_\_\_\_\_) \_\_\_\_\_

Facsimile: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

6) Have you been previously registered as a dental hygienist in Canada? (Circle one): YES NO  
If YES, please indicate the year(s) and province or territory: \_\_\_\_\_

7) Have you previously attempted any other clinical dental hygiene exam(s) in Canada?\* (Circle one): YES NO  
If YES, please indicate the date(s) and province or territory: \_\_\_\_\_

### 8) IDENTIFICATION

- Please supply a **notarized** photograph which has a plain background, full face and no hat.
- Sign your name in ink on the reverse of the photograph and attach by staple to this form.
- Ensure this photograph has a current likeness to you as it will be used to identify you at the examination.

Attach a notarized  
head & shoulders  
photograph here

9) EXAMINATION SESSION \_\_\_\_\_, 2010

### 10) DENTAL HYGIENE EDUCATION

I have completed dental hygiene education as listed below and I have attached notarized copies of my graduation certificate(s) / diploma(s).

NAME OF INSTITUTION	PROVINCE / STATE / COUNTRY	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY	CERTIFICATES, DEGREES OR LEVEL ATTAINED
		____/____/____	____/____/____	
		____/____/____	____/____/____	
		____/____/____	____/____/____	

**11) NATIONAL DENTAL HYGIENE CERTIFICATION BOARD** (Check one)

- I wrote / will write the Canadian National Dental Hygiene Certification Board Examination on \_\_\_\_/\_\_\_\_/\_\_\_\_ and examination results are not yet available.  
**OR**  
 I am certified with the Canadian National Dental Hygiene Certification Board and a notarized copy of my certificate is attached.

**12) 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.

**13) PAYMENT OF FEES**

- I have attached a cheque or money order for payment of the Examination Fee (\$2,500) and remedial deposit (\$150) for a total of **\$2,650**

**DECLARATION**

I hereby make application to write the British Columbia Dental Hygiene Clinical Examination for the purpose of meeting the registration requirements for British Columbia and I do not know of any reason, condition or circumstance why I should not be eligible to sit the examination.

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

**\* I agree to have the final results of my exam shared with other Canadian provincial dental hygiene regulatory authorities.**

\_\_\_\_\_  
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 ON REVERSE.**

**Enclosures Required:**

- notarized copy of a dental hygiene program graduation certificate
- notarized copy of a National Dental Hygiene Certification Board Certificate (if available)
- copy of current professional negligence insurance policy
- Cheque or money order for \$2,650 in CDN funds

Mail complete application and enclosures to:

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219 – 645 Fort Street Victoria, BC V8W 1G2**