



**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

To: Registrants  
From: Popi Bowman, Examination Manager  
Subject: Criteria for Examiners

Thank you for your interest in being an examiner for the CDHBC Clinical Examination.

Please find attached a copy of the current Criteria for Examiners policy. Reproduced below are the criteria as found in the attached policy. This information is required by the Registration Committee to facilitate their process of approving Examiners for the 2010/2011 examination year. Please complete the information as requested, sign and date as indicated and return by email or facsimile to the College office.

Please contact me at (800) 778-8277 or via email at pbowman@cdhbc.com if you have any questions or concerns.

Thank you.

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1. Your relevant experience as follows:

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2. I am a dental hygiene clinical instructor at \_\_\_\_\_

3. I am a Full Registrant, in good standing, with the CDHBC. YES / NO

4. I am currently practicing clinical dental hygiene in BC. YES / NO

5. I have practiced clinical dental hygiene in BC for a minimum of 3 years. YES / NO

6. I have formal or informal experience with assessment and evaluation of entry-level dental hygienists. YES / NO

7. I have previously observed one complete examination session. YES / NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p>COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA</p> <p><b>POLICIES AND PROCEDURES</b></p>	<p><b>DATE CREATED:</b> Sept 99</p>	<p><b>04-08</b></p>
	<p><b>DATE REVIEWED:</b> Mar 09</p>	
	<p><b>CATEGORY:</b> Registration Committee</p>	
<p><b>FILE CODE:</b> LPC/08-02.01</p>	<p><b>COMPUTER FILE NAME:</b> W:\LPC08\0201 Policies\RC\04-08 Criteria For Examiners.doc</p>	
<p><b>POLICY TITLE:</b> <i><b>CRITERIA FOR EXAMINERS</b></i></p>		
<p>A general call for examiners will be made regularly via <i>ACCESS</i> so that registrants will have an opportunity to become examiners.</p> <p>Individuals responding to the call for examiners will be reviewed and may be approved by the Registration Committee as an examiner for two years from the date of approval if the individual meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>◆ holds full registration, in good standing, with the College of Dental Hygienists of British Columbia (CDHBC)</li> <li>◆ is currently practicing clinical dental hygiene in British Columbia</li> <li>◆ has practiced clinical dental hygiene in British Columbia for a minimum of 3 years</li> <li>◆ has previously observed one complete examination session or is currently a clinical educator in a BC Dental Hygiene program</li> <li>◆ has formal or informal experience with assessment and evaluation of entry-level dental hygienists</li> <li>◆ provides written documentation outlining experience</li> </ul> <p>Examiners will be approved biannually by the Registration Committee.</p> <p>Individuals responding to the call for examiners may also be interviewed by the Deputy Registrar at the discretion of the Registration Committee.</p> <p>Once approved, all examiners must:</p> <ul style="list-style-type: none"> <li>◆ sign confidentiality and conflict of interest statements for each examination session they attend</li> <li>◆ attend the calibration workshop provided by the CDHBC immediately prior to each examination session</li> </ul> <p>The ratio of examiners to candidates is a minimum of 3 examiners per 4 candidates.</p> <p>Approved examiners will be advised that the Registration Committee will review evaluation comments received from examiners and candidates following each examination session. The Registration Committee reserves the right to withhold future approval of an examiner on the basis of evaluation comments.</p>		