

2010/11 REGISTRATION RENEWAL APPLICATION FORM

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RENEWAL DECLARATION STATEMENT**ALL REGISTRANTS**

I, _____, registrant of the College of Dental Hygienists of British Columbia (CDHBC)
Name
of _____ in _____, do solemnly declare that:
City Province, State or Country

1. I am in good standing in all jurisdictions of current or past registration.
2. I have obtained liability insurance coverage as required by the CDHBC Bylaws and will ensure that I maintain this coverage for the entire registration period for which I am applying.
3. I have met the continuing competency requirements necessary for the class of registration for which I am applying.
4. I will remain at all times in compliance with the *Health Professions Act*, the Dental Hygienists Regulation and the CDHBC Bylaws.
5. I do not know of any reason, condition or circumstance why I should not be granted registration.
6. I understand that this application will be returned to me if it is incomplete.
7. The information provided on this form is true and correct.
8. *For Conditional Registrants only:* I understand that, if I am applying for conditional registration, I undertake not to administer local anaesthesia and to practice in accordance with any conditions on my practice established by the registration committee, and know that my conditional registration in this province may be renewed to a maximum of two years after my initial registration date if I have not obtained local anaesthesia qualifications or completed the required continuing competency activities.
9. *For Non-practicing Registrants 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. (Note: Liability insurance is not required for non-practicing registrants.)

Signature: _____ **Date:** _____

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Removal from the Register

If you wish to be removed from the register, please check the following box and provide your signature and date below. The remainder of this form does not require completion. Confirmation of your removal in good standing will be sent to you via mail.

Please remove me from the register in good standing, effective March 1, 2010.

Signature: _____ **Date:** _____

Please carefully read and complete this form then mail in the enclosed envelope to:

College of Dental Hygienists of British Columbia - Suite 219, 645 Fort Street, Victoria, BC V8W 1G2

Your renewal must be received at the College office by February 28, 2009.

Registrants who do not renew by February 28, 2009 will be removed from the register and may not practice beginning March 1, 2009. Persons wishing reinstatement after March 1 may apply to the Board prior to April 30, 2009 by supplying a renewal form, the appropriate annual renewal fee and a reinstatement fee; \$140 practising and \$70 non-practising.

Questions?

**Please contact the College at 1-800-778-8277 in BC or (250) 383-4101, or email us at cdhbc@cdhbc.com.
For questions regarding the collection of personal information, please ask for the Registrar.**