



THE 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 STUDY CLUB REGISTRATION 2009/2010

1. **Name of Study Club:** _____

Year of study club formation: _____

2. **Type of Study Club** (please check):

- Clinical educational study
- Mixed: clinical/non-clinical educational study
- Non-clinical educational study
 - Seminar
 - Literature review
 - Other: _____

3. **Method of study club participation** (more than one method may be used).

- In-person
- Teleconference
- Video conference

4. **Study Club Mentor(s)**

- Sessions are mentored by the speaker / presenter
- Sessions are mentored by study club members
- Mentor(s) for the series of sessions is listed below:

1) Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____
Qualifications: _____

2) Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____
Qualifications: _____

3) Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____
Qualifications: _____

5. Executive: (at least one executive member must be a dental hygienist).

1) President: Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____

2) Vice-president: Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____

3) Secretary: Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____

4) Treasurer: Name _____
Address _____
Telephone (_____) _____ fax: (_____) _____

6. Study Club Sessions:

- 1) Number of sessions planned for the September to August study club year: _____
2) Length of each session (hours): _____
3) General location of sessions (please check)
 Dental office
 Private home
 Other: _____

City/town the sessions are held in: _____

7. Members:

Please compile a list of members, using the enclosed form. A minimum of five (5) members is required to form a study club.

8. Study Club Constitution:

Please attach a copy of your Study Club's constitution. The enclosed form may be used as a template. Please indicate if we have your study club constitution on file from previous years and if nothing has changed.

9. Proposed Topics of Study Club Session:

For information only, please attach a list of proposed topics for your Study Club sessions. When available, please include the presenter's name and qualifications. The enclosed form may be used.

10. Declaration: (Must be signed by a Dental Hygienist Executive Member).

I, _____, _____ of
(name) (executive position)
the _____ am a registrant of the College of Dental
(Study Club)
*Hygienists of British Columbia, and hereby accept responsibility for ensuring that the
Study Club is planned and implemented in accordance with the Dental Hygienists
Regulation, bylaws and guidelines in the College of Dental Hygienists of British Columbia
Registrant's Handbook.*

Signature: _____
Name: _____
CDHBC Registration No. _____
Date: _____

Please return your Study Club Application for Registration form and enclosures to:

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

Applications will be reviewed in a timely manner.

Enclosures:

Study Club Members' List form
Study Club Constitution template (If not already on file in current form)
Proposed Topics of Study Club Sessions form

Study Club Member's List 2009/2010

	Name	Address	Telephone Number	CDHBC Reg. No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Proposed Topics of Study Club Sessions 2009/2010

Session	Date	Name of Session and Subject Area	Presenter Name	Qualifications
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

STUDY CLUB CONSTITUTION

Article I: Name

This group shall be known as:

Article II: Purpose

The primary purpose of the club is:

Article III: Membership

- i. Membership shall consist of _____ active members (a minimum of 5 members is required).
- ii. Membership shall be limited to _____ members.
- iii. Loss of membership by:

- a. _____
- b. _____
- c. _____
- d. _____

Article IV:

- i. The officers of the club shall compose an executive committee consisting of the following positions. At least one Executive member must be a dental hygienist.

- a. _____
- b. _____
- c. _____
- d. _____

- ii. Elections of officers shall be conducted annually by _____
-

- iii. Newly elected officers shall assume their office as of _____
-

iv. Duties of Officers

a. _____

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

b. _____

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

c. _____

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

d. _____

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

Article V: Finances

- i. The fee will be set annually after the budget has been prepared.
- ii. Fees are due

iii.

iv.

Article VI: Meetings

- i. Will be held

ii.

Article VII Amendments

- i. Amendments to the Constitution shall be made by _____

Article VIII General

i. _____

ii. _____

iii. _____

iv. _____

Signed: _____

Name: _____

Position: _____

CDHBC Registration No: _____

Date: _____