



Quality Assurance Program CC Credit Activity Approval Form

This form is to be used when applying to receive continuing competency credit for learning activities that do not fall within the activity categories captured in the QAP Learning Activity/Credit Framework. Complete the following form and submit to the Quality Assurance Committee for approval prior to the activity. This form must be completed 60 days prior to the activity to allow adequate time for the QAC to review information provided.

Submit care of:
College of Dental Hygienists of BC
300-388 Harbour Road
Victoria, BC V9A 3S1

Registrant Name:	Registration #:
Brief Description of Activity:	
Reflect on the relevance of this activity to your dental hygiene practice, and identify a Learning Goal(s) for this activity:	
Detail the learning activities planned that will assist you in reaching your learning goal:	
Provide a detailed description on how the proposed continuing competency activity/activities relate to your dental hygiene practice, and how your learning will be applied or enhance your practice. (350-500 words max)	

Identify and discuss specific continuing competency principles this learning activity aligns with. **(250-500 words max)**

**Note: Continuing competency principles can be found at <http://www.cdhbc.com/Professional-Development/Quality-Assurance/Online-Learning-PLan/QAP-CCPrinciples.aspx>.*

Projected timeline:

Start Date:

Completion Date:

Continuing Competency Credits requested:
_____ (Maximum 20 credits will be
awarded)

This section is to be completed after the learning activity and retained as documentation in the event of a continuing competency credit audit.

Provide a detailed reflection of how this learning activity has or will enhance your practice, and how the information will be or is being applied. **(250-500 words max)**

I declare that the information provided in this Other Learning Activity form is complete and truthful and represents the learning activity as outlined.

Registrant Signature:

Date:

This section is for Quality Assurance Committee use only

Select appropriate option after completing review of documentation

This CC Activity Plan, related activities and continuing competency credits have been approved by the QAC. DATE: _____

This CC Activity Plan and related activities have been approved by the QAC with a limited of continuing competency credits.
DATE: _____

This CC Activity Plan and related activities have been denied by the QAC. Comment if Modifications are required prior to resubmission:

Registrar Signature

Date