



Quality Assurance Program Volunteer Contract form

Complete the following form and submit to the Quality Assurance Committee for approval prior to activity. Form must be completed 60 days prior to 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 #:
Briefly Describe the Volunteer Experience:	
Consider the relevance of this opportunity to your dental hygiene practice, and identify a learning goal in preparation for the Volunteer Experience:	
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: these principles are found on page 62 of the QAP Information Guide.	
Projected timeline: Start Date:	Completion Date:

Provide the following information:

Frequency of volunteer work: hours/ week.

Projected total hours spent in volunteer project:

Name and location of organization you are volunteering with:

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

I declare that the information provided in this Volunteer QAP form is complete and truthful and represents the learning activities as outlined.

Registrant Signature:

Date:

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

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

This section is for Quality Assurance Committee use only

Select appropriate option after complete review of documentation

This Volunteer Plan, related activities and continuing competency credits has been approved by the QAC.
DATE: _____

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

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

DATE: _____