



**THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA**

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Victoria, British Columbia, V9A 3S1  
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**DENTAL HYGIENE PRACTITIONER APPLICATION FOR EXISTING CDHBC REGISTRANTS  
DENTAL HYGIENE DEGREE**

**Application Method:**

Please print this PDF, complete by hand, and either scan and email to [clebreux@cdhbc.com](mailto:clebreux@cdhbc.com) or mail to the CDHBC office.  
Please note that a notarized copy of your degree must be mailed to the CDHBC office.

**1.) Contact and Registration Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (Province) (Postal Code)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

CDHBC Registration Number: \_\_\_\_\_

**2.) Required CPR Certification**

Please provide information regarding your current Health Care Providers (HCP) or Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) qualifications:

Name of Course Provider: \_\_\_\_\_

Date of Course Completion: \_\_\_\_\_ Expiry Date of Certification: \_\_\_\_\_

Please ensure your HCP and/or BLS level CPR certificate is uploaded in your CDHBC online registrant profile.

**3.) Completion of a Degree in Dental Hygiene from an Institution Approved by the CDHBC Board**

**Please provide evidence of completion of a Degree in Dental Hygiene from an institution approved by the CDHBC Board by completing and submitting the following information:**

I currently hold a Degree in Dental Hygiene from the following institution approved by the CDHBC Board (check one):

**The University of British Columbia**

**The University of Alberta**

**The University of Manitoba**

**Dalhousie University**

**University of Toronto**

**Other\***

**Please mail a notarized copy of your degree certificate to the CDHBC Registration Department.**

Alternatively, you may have a letter confirming your degree completion mailed directly to the CDHBC from the director or head of the program.

\*If you have completed a degree in dental hygiene from a program other than those listed above, please contact the CDHBC Registration department prior to completing this application.

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**DECLARATION STATEMENT**

I, \_\_\_\_\_, hereby submit my application to become registered as a dental hygiene practitioner with the College of Dental Hygienists of British Columbia and declare the following:

- a) I have read, understood and will remain at all times in compliance with the Health Professions Act, the Dental Hygienists Regulation, the CDHBC bylaws, and the Practice Standards and Code of Ethics established by CDHBC's board.
- b) I am a person of good character, meeting the ethical qualities expected of a CDHBC registrant, including integrity and commitment to caring for others.
- c) I do not know of any reason, condition or circumstance why I should not be granted registration.
- d) I will ensure that I maintain professional liability insurance coverage as required by CDHBC for the entire period of my registration.
- e) I will promptly notify CDHBC of any complaint, investigation, review or disciplinary proceeding that may affect my registration or licensure for the practice of dental hygiene or any other regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by CDHBC.
- f) All information provided in my application for registration is true and complete.
- g) I understand that the submission of false or incomplete information in support of an application for registration constitutes professional misconduct and may result in cancellation of registration.

I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

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