

# APPLICATION FOR TRANSFER FROM STUDENT TO GENERAL REGISTRATION

College of Registered Dental Hygienists of Alberta  
 Suite 302, 8657 - 51 Avenue, Edmonton AB T6E 6A8  
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This form is valid for the registration year November 1, 2019 to October 31, 2020

| ELIGIBILITY  |
|--|
| <p>CRDHA Student Members, in good standing, who wish to apply for transfer to the General Register in order to engage in the practice of dental hygiene in Alberta following convocation from the University of Alberta Dental Hygiene Program, may apply for transfer using this form.</p> <p>Applicants for transfer must not begin to practice dental hygiene in Alberta until they have been notified that their request for transfer to General registration is approved and a Practice Permit has been issued.</p> |

| PERSONAL INFORMATION                       |                      |   |  |
|--|----------------------|---|--|
| Surname                                    | Given Names          |   |  |
| Maiden Name or Other Names (if applicable) |                      |   |  |
| Street Address                             | City                 |   |  |
| Province/State                             | Postal Code          | Email   |  |
| Home Phone<br>(    )                       | Cell Phone<br>(    ) | <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male |  |

| CONFIRMATION OF COMPLETION OF UNIVERSITY OF ALBERTA DENTAL HYGIENE PROGRAM |              |                          |
|--|--------------|--------------------------|
| <input type="checkbox"/> 1. Diploma  | Date Issued: | Full Name on Credential: |
| <input type="checkbox"/> 1. Degree   | Date Issued: | Full Name on Credential: |

| SUMMARY OF OTHER POST-SECONDARY DIPLOMAS OR DEGREES |             |  |                       |
|---|-------------|--|-----------------------|
| Education Credential Issued                         | Date Issued | Name & Address of Academic Institution | Surname on Credential |
|   |             |  |                       |
|   |             |  |                       |
|   |             |  |                       |

If your dental hygiene program included didactic and clinical experience in the following advanced practice areas or if you have completed formal educational courses in these practice areas since graduation, complete the table below.

| ADVANCED DENTAL HYGIENE KNOWLEDGE AND SKILLS              |  |                |                     |
|---|--|----------------|---------------------|
| Practice Area   | Name & Address of Academic Institution | Date Completed | Date Last Practiced |
| Administration of Local Anaesthesia                       |  |                |                     |
| Administration of Nitrous Oxide/Oxygen Conscious Sedation |  |                |                     |
| Restorative Procedures                                    |  |                |                     |
| Orthodontic Procedures                                    |  |                |                     |

| GOOD CHARACTER & FITNESS TO PRACTICE   |  |
|--|--|
| 1. Has any registration or license entitling you to practice dental hygiene or any other health profession in any province, territory, state or country ever been denied, limited, restricted, suspended or canceled?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever had a finding in the nature of professional misconduct, unskilled practice, incompetency or incapacity, or a like finding, made against you either in Alberta or elsewhere as a dental hygienist or in a health profession other than dental hygiene? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been convicted of a criminal offense in any jurisdiction?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever had a judgement in a civil action against you with respect to your dental hygiene practice?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you affected by a physical, mental or emotional condition or disorder that may impair your ability to provide dental hygiene services in a safe and competent manner? (Includes HBV, HCV & HIV)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you affected by an addiction to alcohol, drugs or other chemicals that may impair your ability to provide dental hygiene services in a safe and competent manner?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered "yes" to ANY question above, provide a brief narrative. You may also be required to provide further documentation.</b>  |  |
| <hr/>  |  |
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| <hr/>  |  |
| <hr/>  |  |

**List Jurisdictions Where You Are Currently or Were Previously Registered/Licensed to Practice Dental Hygiene or any other Health Profession**

| Name of Regulatory Body | Province / State and Country | Registration / License # | Expiry Date |
|-------------------------|------------------------------|--------------------------|-------------|
|                         |                              |                          |             |
|                         |                              |                          |             |

**You must not begin practice until your transfer has been approved and a Practice Permit has been issued. However, if you have arranged future employment as a dental hygienist in Alberta, please indicate:**

|                  |             |                |                      |
|------------------|-------------|----------------|----------------------|
| Name of Employer |             | Street Address |                      |
| City, Town       | Postal Code | Business phone | Projected start date |

**DECLARATION STATEMENT**

I, \_\_\_\_\_ **DO SOLEMNLY DECLARE THAT** I am the person making application for transfer to General registration with the College of Registered Dental Hygienists of Alberta (CRDHA) and that the information provided on this form and its attachments is complete and true in every respect and I understand that my application for transfer to General registration and a Practice Permit may be refused or cancelled if I have provided any inaccurate information.

I understand that in order to practice dental hygiene in Alberta, I am required by law to be registered and hold a current Practice Permit with the CRDHA, before I commence employment.

I understand that the information that I have provided may be verified by the CRDHA and I authorize the CRDHA to seek additional information from third parties such as educational institutions, regulatory agencies, employers, or other sources as necessary in order to process my application and, I also authorize all such institutions, agencies, or other sources to release such information to the CRDHA and for so doing let this be your good and sufficient authority.

Declarant's Signature: \_\_\_\_\_

Declared before me at \_\_\_\_\_ in the Province/State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ in and for the Province/State of \_\_\_\_\_

Signature of Notary of Public

**GENERAL INFORMATION**

- If you meet the requirements for transfer to General registration, a Practice Permit and a General Membership receipt will be mailed to you. The expiry date of the Practice Permit will be October 31, 2017 regardless of the transfer date.

**Transfer Fee Calculations - fees may be paid by cash, certified cheque or money order**

| <b>Applicant with CDHA "Graduated Student" Membership</b><br>(includes \$1M insurance only - contact CDHA directly if you wish to purchase Enhanced \$2M insurance) |                  | <b>Applicant without CDHA "Graduated Student" Membership</b> |  |
|---|------------------|--|--|
| Transfer Student to General Membership  | \$ 50.00         | Transfer Student to General Membership                       | \$ 50.00                                   |
| Practice Permit Fee   | \$ 425.00        | Practice Permit Fee  | \$ 425.00                                  |
| CDHA Transfer to Active Membership  | \$ 0.00          | <b>CDHA Active Member Fee</b><br>Basic \$1M insurance        | \$ 200.00<br>OR                            |
|   |                  | Enhanced \$2M insurance                                      | \$ 215.00                                  |
| <b>Transfer Fee</b>   | <b>\$ 475.00</b> | <b>Transfer Fee</b>  | <b>\$ 675.00</b><br>OR<br><b>\$ 690.00</b> |

**Office Use Only**

|                   |               |                                |            |                            |
|-------------------|---------------|--------------------------------|------------|----------------------------|
| Stakeholder ID #: | College ID #: | Transfer of Registration Date: | Receipt #: | Transfer Fee Deposit Date: |
|                   |               |                                |            |                            |