COLLEGE OF REGISTERED DENTAL HYGIENISTS OF ALBERTA

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# Application for Advanced Restricted Activities Authorization and Entry onto the Roster(s)

Before completing this application form, please ensure that you have **read the current CRDHA Advanced Restricted Activities Policy in detail**. The policy identifies the specific Advanced Restricted Activities as outlined in legislation. It also provides information on eligibility, education, and application requirements, including information related to each Advanced Restricted Activity, and describes the application process. **Incomplete applications will not be processed.**

**Sections 1, 2, and 8 are required for ALL applications. Applicants must also complete the sections of this form and provide appropriate documentation specific to the Roster(s) selected in Section 1.** CRDHA may request additional verification of education and currency, or any other documentation deemed necessary.

All applicants for Advanced Restricted Activities must ensure that their **CPR certification** on file with CRDHA has been issued within the **last 12 months**. If not, the application will be denied.

## Section 1: ADVANCED RESTRICTED ACTIVITIES ROSTERS

The following is a current list of Advanced Restricted Activities Rosters. Please **clearly select** the Advanced Restricted Activities Roster(s) which you are applying for:

[ ] Authorization to Administer Local Anaesthesia *(Section 3)*
[ ] Authorization to Prescribe and Administer Nitrous Oxide/Oxygen Minimal Sedation *(Section 4)*
[ ] Authorization to Perform Restorative Procedures of a Permanent Nature *(Section 5)*
[ ] Authorization to Perform Orthodontic Procedures *(Section 6)*
[ ] Authorization to Prescribe the Schedule 1 Drugs listed in the Dental Hygienists Profession Regulation *(Section 7)*

## Section 2: APPLICANT PERSONAL INFORMATION

| Surname | | Given Names |
|---|---|---|
| Maiden/Other Name (if applicable) | | |
| Street Address | | City |
| Province/State | | Postal Code |
| Home Phone ( ) | Cell Phone ( ) | Business Phone ( ) |
| E-mail address | | CRDHA ID # |

| Section 3: LOCAL ANAESTHESIA COURSE INFORMATION | |
|---|---|
| Date of Course Completion | |
| Name of Educational Institution | |
| Address of Educational Institution | |
| Type of Educational Institution | □ University □ College □ Other: ________________________________ |
| Type of Course | □ part of diploma/degree level dental hygiene program □ continuing education course |

**List of jurisdictions where you are currently or were previously authorized to administer local anaesthesia.**

| Name and Mailing Address of Licensing Body | Expiry Date | Registration or License No. |
|---|---|---|
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**Local Anaesthesia REQUIRED DOCUMENTATION**

*Please check off the items below that accompany your application.*

[ ] Evidence of successful completion of appropriate education (e.g., *official* transcript, *notarized* completion certificate)

If the education course is not Council-approved or substantially equivalent:

[ ] Detailed course information (i.e., course outline, schedule, course syllabus, course manual).

If the education course was taken more than 36 months prior to the date of application:

[ ] I am providing evidence of currency of practice; **OR**

[ ] I have recently completed a Council-approved local anaesthesia *refresher* course; **OR**

[ ] I have recently completed a Council-approved local anaesthesia *education* course**.**

| Section 4: NITRIOUS OXIDE/OXYGEN MINIMAL SEDATION COURSE INFORMATION | |
|---|---|
| Date of Course Completion | |
| Name of Educational Institution | |
| Address of Educational Institution | |
| Type of Educational Institution | □ University □ College □ Other: ________________________________ |
| Type of Course | □ part of diploma/degree level dental hygiene program □ continuing education course |

**List of jurisdictions where you are currently or were previously authorized to administer nitrous oxide/oxygen minimal sedation.**

| Name and Mailing Address of Licensing Body | Expiry Date | Registration or License No. |
|---|---|---|
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**Nitrous Oxide/Oxygen Minimal Sedation REQUIRED DOCUMENTATION**

*Please check off the items below that accompany your application.*

[ ] Evidence of successful completion of appropriate education (e.g., *official* transcript, *notarized* completion certificate)

If the education course is not Council-approved or substantially equivalent:

[ ] Detailed course information (i.e., course outline, schedule, course syllabus, course manual).

If the education course was taken more than 36 months prior to the date of application:

[ ] I am providing evidence of currency of practice; **OR**

[ ] I have recently completed a Council-approved nitrous oxide/oxygen minimal sedation *education* course.

| Section 5: RESTORATIVE COURSE INFORMATION | |
|---|---|
| Date of Course Completion | |
| Name of Educational Institution | |
| Address of Educational Institution | |
| Type of Educational Institution | □ University □ College □ Other: ________________________________ |
| Type of Course | □ part of diploma/degree level dental hygiene program □ continuing education course |

**List of jurisdictions where you are currently or were previously authorized to perform restorative procedures.**

| Name and Mailing Address of Licensing Body | Expiry Date | Registration or License No. |
|---|---|---|
| | | |
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| | | |

**Restorative REQUIRED DOCUMENTATION**

*Please check off the items below that accompany your application.*

[ ] Evidence of successful completion of appropriate education (e.g., *official* transcript, *notarized* completion certificate)

If the education course is not Council-approved or substantially equivalent:

[ ] Detailed course information (i.e., course outline, schedule, course syllabus, course manual).

If the education course was taken more than 36 months prior to the date of application:

[ ] I am providing evidence of currency of practice; **OR**

[ ] I have recently completed a Council-approved restorative *refresher* course; **OR**

[ ] I have recently completed a Council-approved restorative *education* course.

| Section 6: ORTHODONTICS COURSE INFORMATION | |
|---|---|
| Date of Course Completion | |
| Name of Educational Institution | |
| Address of Educational Institution | |
| Type of Educational Institution | □ University □ College □ Other: ________________________________ |
| Type of Course | □ part of diploma/degree level dental hygiene program □ continuing education course |

**List of jurisdictions where you are currently or were previously authorized to perform orthodontic procedures.**

| Name and Mailing Address of Licensing Body | Expiry Date | Registration or License No. |
|---|---|---|
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**Orthodontics REQUIRED DOCUMENTATION**

*Please check off the items below that accompany your application.*

[ ] Evidence of successful completion of appropriate education (e.g., *official* transcript, *notarized* completion certificate)

If the education course is not Council-approved or substantially equivalent:

[ ] Detailed course information (i.e., course outline, schedule, course syllabus, course manual).

If the education course was taken more than 36 months prior to the date of application:

[ ] I am providing evidence of currency of practice; **OR**

[ ] I have recently completed a Council-approved orthodontics *refresher* course; **OR**

[ ] I have recently completed a Council-approved orthodontics *education* course.

| Section 7: PRESCRIBERS COURSE INFORMATION | |
|---|---|
| Date of Course Completion | |
| Name of Educational Institution | |
| Address of Educational Institution | |
| Type of Educational Institution | □ University □ College □ Other: ______________ |
| Type of Course | □ part of diploma/degree level dental hygiene program □ continuing education course |

**List of jurisdictions where you are currently or were previously an authorized prescriber.**

| Name and Mailing Address of Licensing Body | Expiry Date | Registration or License No. |
|---|---|---|
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**Prescribers REQUIRED DOCUMENTATION**

*Please check off the items below that accompany your application.*

[ ] Evidence of successful completion of appropriate education (e.g., *official* transcript, *notarized* completion certificate)

If the education course is not Council-approved or substantially equivalent:

[ ] Detailed course information (i.e., course outline, schedule, course syllabus, course manual).

If the education course was taken more than 12 months prior to the date of application:

[ ] I am providing evidence of currency of practice; **OR**

[ ] I have recently completed a prescribing *education* course or program equivalent (to be reviewed by CRDHA).

**Section 8: DECLARATION**

I, ________________________________________, certify to the best of my knowledge that the information provided on this form and its attachments is complete and true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *"Canada Evidence Act"*. I understand that making a false statement on this application could result in the rejection of the application.

I authorize the CRDHA to seek additional information from educational institutions, regulatory agencies, or other sources as necessary in order to process this application for entry onto the Roster of members authorized to perform the restricted activities for which I have applied, as per Section 1 of this form. 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.

**I am aware that I must not perform any Advanced Restricted Activity for which I have applied herewith until I have been notified in writing that my application has been approved and my name has been added to the respective CRDHA Roster of dental hygienists who have been authorized to perform each activity.**

I acknowledge that, once authorized, I must adhere to the established Standard of Practice, Guidelines and/or Policies relevant to each Advanced Restricted Activity. These may change from time to time and I am responsible for maintaining competence and currency in practice.

Name (please print): ________________________________________

Signature: ________________________ Date: ____________________