



Policy on Transfers from Non-Practicing Membership on the Non-Regulated Members Register to General Registration on the Regulated Members Register

A person who is a Non-Practicing member in good standing on the CRDHA Non-Regulated Members Register may apply for transfer to the General Registration category of the Regulated Members Register.

In accordance with this Policy, the Non-Practicing member shall make written application to the Registrar for transfer to General Registration on the Regulated Members Register and must meet the requirements for registration and a practice permit under the *Health Professions Act* (the 'Act'), the Dental Hygienists Profession Regulation (the 'Regulation') and the CRDHA Continuing Competence Program to be eligible for such transfer.

General Policies

1. Transfer to General Registration may occur where the Non-Practicing member:
 - 1.1. applies for transfer in the form required;
 - 1.2. has paid any fee, penalty, cost, dues, or levy outstanding from their prior and current registration period;
 - 1.3. is not in contravention of the Act, the Regulations or the By-laws;
 - 1.4. continues to meet the requirements for registration and issuance of a Practice Permit;
 - 1.5. is not the subject of any reviews, investigations, disciplinary hearings, or proceedings (including criminal proceedings), in any jurisdiction; and
 - 1.6. pays all transfer fees set out in the Application for Transfer from Non-Practicing to General Registration.
2. Fees for transfer to General Registration shall include:
 - 2.1. the transfer fee;
 - 2.2. the full annual assessment fee for General Registration for the current registration year less the Non-Practicing member fee already paid; and
 - 2.3. any fee, penalty, cost, dues, or levy outstanding from the prior and current registration periods.
3. A notice of transfer may be published in any manner the College deems appropriate.

Requirements for Transfer to General Registration on the Regulated Members Register

The applicant for transfer must provide:

1. Evidence of meeting the CRDHA Continuing Competence Program requirements:
 - 1.1. **600 hours** of practice as a dental hygienist **within the 3 years immediately preceding** the date the Registrar receives a complete application for transfer, by employer verification, including currency in practice of any advanced practice credentials; and
 - 1.2. **45 credits (hours)** of professional development as a dental hygienist **within the 3 years immediately preceding** the date the Registrar receives a complete application for transfer. Prior continuing competence records will be reviewed to determine the 45-

credit requirement has been met. Additional relevant information regarding completed professional development activities may be submitted by the applicant using the attachment provided.

If an applicant for transfer cannot provide the evidence required for item 1 above, evidence of successful completion of a Council-approved dental hygiene refresher education course, completed no longer than twelve months prior to application for transfer, will be accepted.

Please review Section 4 of the CRDHA Continuing Competence Program and Rules (<https://www.crdha.ca/public/download/files/135759>) for more details on this requirement.

2. Evidence of CPR certification. Applicants for transfer to General Registration must provide evidence of having successfully completed a cardiopulmonary resuscitation course **for health care providers (HCP)**. The level of CPR certification required for transfer to General Registration must have both classroom instruction and practicum experience related to:
 - one and two person rescuer chest compressions for adults, children, and infants;
 - one and two person rescuer adult, child, and infant bag-valve mask technique; and rescue breathing;
 - relief of choking in adults, children, and infants; and
 - use of an automated external defibrillator.

The course must be delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and completed no longer than 12 months prior to the date the Registrar receives a complete application for transfer. A photocopy of the applicant's current CPR wallet card/certificate may be submitted as evidence.

3. Evidence of liability insurance. Section 8 of the Regulation requires that applicants provide evidence of having liability insurance. The liability insurance coverage required for registration is a minimum \$1 million per claim, claims-made policy.

The "Basic" liability insurance provided as a membership benefit by the Canadian Dental Hygienists Association ("CDHA") meets this criteria. The CDHA also offers an enhanced insurance policy that provides \$2 million per claim, \$4 million aggregate. This enhanced insurance option may be of particular interest to members who perform restricted activities procedures (local anaesthesia, nitrous oxide/oxygen conscious sedation, restorative procedures, orthodontic procedures, etc.).

CDHA "Active" members may submit a copy of their current CDHA membership card and liability certificate as evidence of holding liability insurance. The term for all CDHA insurance policies is January 1 to December 31 each year. Some applicants may require interim insurance coverage for the period prior to activation of the regular CDHA policy on January 1.

4. Evidence of good character and fitness to practice. Evidence of having good character and fitness to practice is provided by:
 - 4.1. answering all questions on the Application for Transfer related to previous or current registration and/or applications for registration, unprofessional conduct processes, disciplinary action, and criminal offences;
 - 4.2. listing all jurisdictions in which the applicant is or was registered/certified/licensed to practice dental hygiene or any other health profession; and having each jurisdiction complete the *Verification of Registration Form* and mail it directly to the CRDHA;
 - 4.2.1. Verification of Registration

If an applicant is/was certified, licensed, or registered to practice dental hygiene or any other health profession, the applicant must complete Section A of the Verification of Registration form, then send a copy of the entire verification form to each regulatory authority where the applicant is currently or was previously certified, licensed, or registered. Section B must be completed by the regulatory authority and sent directly to the CRDHA.

- 4.3. answering all questions on the Application for Transfer related to fitness to practice; and
 - 4.4. providing any other relevant evidence requested by the Registrar or Registration Committee.
5. Evidence of having completed the e-learning course, “Protecting Patients from Sexual Abuse and Misconduct”. On April 1, 2019, Bill 21 – An Act To Protect Patients – officially took effect in Alberta to protect patients/clients from sexual abuse and sexual misconduct by health professionals. As part of the legislation, all regulated health professionals in Alberta must successfully complete training on preventing and addressing sexual abuse and sexual misconduct towards clients.

Applicants for registration with the CRDHA are required to complete the e-learning course “Protecting Patients from Sexual Abuse and Misconduct.” This interactive e-learning course was developed by the Alberta Federation of Regulated Health Professions (AFRHP) and is available via the AFRHP website. <https://afrhp.org/bill21-protecting-patients/>. The course consists of three modules that will familiarize you with Bill 21 and how to prevent, recognize and respond to sexual abuse and sexual misconduct. Please note, the course must be completed in one session – you are unable to exit the course midway then re-enter at a different time to finish the content. Once you complete the course, the program will generate a “Certificate of Completion”. Please print and submit your completion certificate along with your application.

Please note that this course includes scenarios depicting sexual abuse and misconduct that may be disturbing or triggering to some viewers. If you have concerns, please speak, in confidence, with the College Registration Manager.

6. Evidence of competence to perform restricted activities. The Regulation identifies “restricted activities” that dental hygienists are authorized to practice. As these activities involve a significant degree of risk to the public, they can only be performed by individuals with specific competencies. Most of the restricted activities authorized in the Regulation are taught in the basic curriculum of accredited dental hygiene educational programs (i.e. scaling, root planing, curettage, ordering and exposing radiographs).

Competencies related to the following restricted activities are not inclusive in all dental hygiene educational programs:

- a) administration of local anaesthesia by injection;
- b) prescribing and administering nitrous oxide/oxygen for the purpose of conscious sedation;
- c) restorative procedures of a permanent nature in collaboration with a dentist;
- d) orthodontic procedures including preliminary fitting of appliances in collaboration with a dentist;
- e) preliminary fitting of periodontal appliances in collaboration with a dentist; and
- f) prescribing the Schedule 1 Drugs listed in the Dental Hygienists Profession Regulation

If an applicant for transfer from Non-Practicing to General Registration has previously been entered onto the CRDHA Roster of members authorized to perform one or more of the restricted activities listed in a) to f) above, they may be required to provide evidence of currency of practice in performance of the restricted activity in order to have the authorization reactivated.

If, on the transfer application form, the applicant for transfer identifies completion of additional or new formal classroom and clinical education related to restricted activities a) to f) above, the applicant will be provided with an application for entry onto the Roster of authorized members. An application and all required supporting documents must be sent to the CRDHA for review. **No applicant may perform the restricted activity until the applicant has received notification that the application for authorization to perform the restricted activity has been approved.**

7. Successful completion of the CRDHA Jurisprudence Examination. Applicants who have not successfully completed the CRDHA Jurisprudence Examination within the last 36 months, must do so as a requirement for transfer to General Registration. Exam questions are based on documents that will be provided to the applicant. Applicants must complete and sign the enclosed form requesting a unique exam access code and giving authorization to the testing agency to release the applicant's exam results directly to the CRDHA. Upon receipt of all documents and fees related to an application for transfer, the CRDHA will forward a unique exam access code and the documents required to complete the examination. The jurisprudence examination is available to applicants to complete on-line.
8. Upon meeting the requirements for transfer to General Registration, the CRDHA will issue a Practice Permit and a new General Registration receipt. The expiry date of the Practice Permit will be October 31 of the current registration year regardless of the transfer date.
9. If a Non-Practicing member is transferred to the General Register in the same membership year that they requested Non-Practicing membership, the continuing competence program reporting period will continue as if there had been no interruption in registration status and a criminal record check is not required.
10. No applicant for transfer may practice dental hygiene in Alberta until the applicant has received notification that the application for transfer to General Registration has been approved. **Please allow 2-3 weeks for processing once the CRDHA office has received a complete application for transfer to General Registration.**

Your Privacy is Important to Us

Why the College of Registered Dental Hygienists of Alberta (CRDHA) Collects Personal Information

CRDHA considers your privacy to be of utmost importance and is committed to maintaining the privacy of registrants and applicants for registration.

CRDHA is required to obtain information about you to comply with legal requirements of the *Health Professions Act* (the “HPA”), the Dental Hygienists Profession Regulation (the “Regulation”) and the CRDHA Bylaws.

1. Section 33 of HPA requires that the CRDHA register contain the following information with respect to any person whose name is entered in the register:
 - a. the name of the registrant;
 - b. the registrant’s unique registration number;
 - c. any restrictions or conditions on the registrant’s registration or practice permit;
 - d. the status of the practice permit, including suspensions or cancellations;
 - e. whether the registrant is authorized to provide a restricted activity not normally provided by all regulated registrants of the College;
 - f. whether the registrant is not authorized to provide a restricted activity that is normally provided by regulated registrants of the College.

According to law, CRDHA must make this information on the register available to any person who requests information respecting a particular registrant. Therefore, CRDHA makes the above information available to the public.

2. Section 31 of the Regulation requires applicants for registration, general registrants and courtesy registrants to provide CRDHA with specific personal and demographic information on initial application for registration, when there are any changes to the information, or at the request of the Registrar:
 - a. full legal name, and if applicable, previous surnames;
 - b. gender;
 - c. date of birth;
 - d. home address, telephone number, e-mail address and fax number;
 - e. academic and practical training qualifications;
 - f. name of the academic institution from which the member graduated;
 - g. year of graduation;
 - h. place of employment;
 - i. employer’s name, address, telephone number, e-mail address and fax number;
 - j. type of facility in which the regulated member practises;

- k. job title and position description;
 - l. number of working hours employed in the practice of dental hygiene for the previous year;
 - m. employment history;
 - n. area of practice and specialties;
 - o. languages in which the member can provide professional service;
 - p. other jurisdictions in which the member is registered to practise dental hygiene;
 - q. whether the member is a registered member of another health profession and whether the member is providing professional services regulated by that profession's College.
3. Section 8.6 of the CRDHA Bylaws requires applicants for non-regulated membership and registrants on the non-regulated registrant register to provide CRDHA with specific personal and demographic information on initial application for registration, when there are any changes to the information, or at the request of the Registrar:
- a. the full name of the Member; and if applicable, previous name;
 - b. the member's unique registration number;
 - c. gender;
 - d. date of birth;
 - e. home address, phone number, fax number and e-mail address;
 - f. academic and practical training qualifications, including the name of the institution and the year of graduation;
 - g. employment history;
 - h. languages spoken;
 - i. other jurisdictions in which the Member is registered to practice dental hygiene;
 - j. other colleges of regulated health professions with which the Member is registered.

Information collected under s.31 of the Regulation and s.8.6 of the Bylaws is relevant to CRDHA registration processes and operational activities. CRDHA keeps this information in the strictest confidence and does not make it available to the public except for the purposes set out below.

Use and Disclosure of Your Personal Information by CRDHA

1. Mandatory Use and Disclosure

CRDHA will use information provided by or on behalf of applicants for registration and CRDHA regulated registrants as authorized by the *Personal Information Protection Act* (PIPA) and for the following purposes:

- a. to manage and conduct the business and affairs of CRDHA in accordance with the HPA, Regulation, Bylaws and policies;

- b. to provide the services requested by you;
- c. to supply information to the Canadian Dental Hygienists Association ("CDHA") to ensure appropriate liability insurance policies exist;
- d. to release information for purposes of a letter of good standing to another regulatory authority;
- e. to release information for the purposes of interprovincial trade agreements and memorandums of understanding between Canadian dental hygiene regulatory authorities;
- f. to release information that is necessary to satisfy any law, regulation or request from the Minister;
- g. to publish the list of names of regulated and cancelled registrants in order that the public, employers and other health care providers can confirm the registration status of dental hygiene service providers;
- h. to release information that is necessary for participation as a recognized provider of dental hygiene services under government funded dental health programs (e.g. Alberta Blue Cross, Alberta Dental Services Corporation, Non-Insured Health Benefits Program);
- i. to release information to the Government of Alberta for the purpose of establishing dental hygiene workforce records within the Alberta Provider Directory, a comprehensive health workforce planning tool and a source of identifying unique providers in a new Electronic Health Record system;
- j. to release information for purposes of meeting provincial and federal government requirements; and
- k. to publish information as required by an order of any Tribunal or Committee in accordance with the Act, the Regulation and/or the Bylaws.

Non-regulated registrant's information is used and disclosed in a manner consistent with the above.

2. Optional Use and Disclosure

CRDHA may also use information provided by or on or behalf of applicants for registration, regulated registrants and non-regulated registrants for the following purposes:

- a. To provide contact information to the University of Alberta Continuing Dental Education Department for mailing of notices about refresher, upgrading and continuing education programs and courses;
- b. to, at times, provide the release of registrant's contact information for CRDHA-approved research purposes;
- c. to, at times, provide contact information to a class alumni association or class president for the purpose of facilitating the organization of a class reunion; and
- d. to, at times, provide registrant's mailing labels, for one time use only, to providers of relevant continuing education programs.

CRDHA will use your personal information in the ways described in item 2 above unless prohibited by law **or you advise us otherwise.**

3. Use of Service Providers outside Canada

Most CRDHA service providers are located in Canada. However, from time to time, CRDHA also uses service providers located in the USA. CRDHA evaluates the capabilities, practices, safeguards and trustworthiness of potential service providers outside Canada prior to their engagement. CRDHA takes reasonable steps to protect registrant information handled by a service provider who is engaged by CRDHA, usually by way of a contract for services which contains appropriate safeguards.

Our service provider in the USA (e.g. Constant Contact) collect and/or use your personal information for the following purposes:

- a. to assist CRDHA in sending and managing electronic and/or other communications to registrants about CRDHA registration, annual renewal requirements, and other regulatory information of interest to registrants.
- b. to assist CRDHA in sending and managing electronic and/or other communications to registrants and others about events such as conferences, workshops and continuing education opportunities, or about CRDHA activities and other information of interest to registrants;

4. Contacting CRDHA

You can let us know if you **do not** want us to use information about you as set out in item 2 “Optional Use and Disclosure” by contacting CRDHA:

By Mail: College of Registered Dental Hygienist of Alberta
Suite 302, 8657- 51 Avenue N.W., Edmonton AB T6E 6A8

By Email: info@crdha.ca

CRDHA provides registrants with access to their own personal information as held in the College register and/or record. Upon request, we will make all appropriate corrections and updates to this personal information.

Application Check List

Application for Transfer from Non-practicing to General Registration

To avoid delays in processing your transfer application, please use the following checklist to ensure that you have completed all the steps necessary before mailing your Application for Transfer to the College of Registered Dental Hygienists of Alberta (CRDHA).

Print in ink. If a section is not relevant to your situation, write N/A in the space.

Have you:

- Completed all sections of the Application form?
- Signed and dated the Statutory Declaration section on the application form?
- Enclosed the appropriate fees in the form of a certified cheque or money order made payable to CRDHA?

Requested that the following documentation be submitted directly to CRDHA?

- Verification of registration / certification / licensure in **each** jurisdiction where you are or have been registered / certified / licensed as a dental hygienist or as any other health professional

Attached the following documentation?

- Evidence of meeting the CRDHA Continuing Competence Program requirements
 - Evidence of a minimum of 600 practice hours within the 3 years immediately preceding the date the Registrar receives the *completed* application for transfer¹ (including signed letter(s) from employer(s), on company letterhead, verifying employment history)
 - Evidence of having obtained a minimum of 45 continuing competence program credits within the 3 years immediately preceding the date the Registrar receives the *completed* application for transfer¹ (Supporting documentation for courses listed)

OR

- Evidence of completion of a Council-approved dental hygiene refresher education course, completed no longer than 12 months prior to application for transfer.

CRDHA Jurisprudence Examination Application form (if not completed within the last 36 months)

- Evidence of liability insurance (photocopy of CDHA Active membership card)
- Completion certificate for the e-Learning course "Protecting Patients from Sexual Abuse and Misconduct".
- Evidence of current CPR certification at the required level
- CPR Certification Declaration Statement for Applicant

Application for recognition of advanced practice credentials (Local Anaesthesia, Orthodontic, Restorative, Nitrous Oxide/Oxygen conscious Sedation, Pharmacy) and **supporting documentation** (Employer verification of currency in administration).

¹For example, if your application for transfer to General Registration is complete as of January 5, 2021, you must provide evidence that you have completed 600 practice hours and 45 hours of professional development between January 5, 2018 and January 4, 2021.

Application for Transfer from Non-Practicing to General Registration

College of Registered Dental Hygienists of Alberta
 Suite 302, 8657 - 51 Avenue, Edmonton AB T6E 6A8
 Phone (780) 465-1756 ♦ Fax (780) 440-0544
 email: registration@crdha.ca

***This form is valid for the registration year November 1, 2020 to October 31, 2021**

ELIGIBILITY
<p>Persons who are CRDHA Non-Practicing members in good standing who wish to return to practice in Alberta may apply for transfer to General Registration on the Regulated Member Register. Non-Practicing members must not return to practice 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)	CRDHA Registration #	
Street Address	City	
Province/State	Postal Code	Email
Home Phone ()	Cell Phone ()	

GOOD CHARACTER & FITNESS TO PRACTICE		
1. Has any registration, license or permit entitling you to practice dental hygiene or any other health profession in any province, territory, state, or country ever been denied, cancelled, suspended, approved with conditions or otherwise limited or restricted in any way?	<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. Have you ever resolved a complaint or an allegation in the nature of professional misconduct, unskilled practice, incompetency, or incapacity made against you either in Alberta or elsewhere as a dental hygienist or in a health profession other than dental hygiene by agreeing to an undertaking, order, resolution agreement or other remedial step?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. 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
5. Have you ever plead guilty to, or been found guilty of, a criminal charge in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. 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
7. 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
8. 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
<p>If you answered “yes” to ANY question above, provide a brief narrative (on a separate page). You may also be required to provide further documentation.</p>		

List jurisdictions where you are currently or were previously registered/licensed to practice dental hygiene or any other health profession. Verification of Registration for each is required.

Name of Regulatory Body	Province / State and Country	Registration / License # <i>or indicate - never registered</i>	Expiry Date

EMPLOYMENT HISTORY

List dental hygiene employment for the last **three (3) years** - list most recent employer first. If space is insufficient, please attach a page. This information must be verified by an official letter from the employer(s) stating place of employment, name of employer, days per week, number of hours and start and end date of employment.

Employed from: mo. _____ day _____ yr. _____ to mo. _____ day _____ yr. _____			
Name of Employer		Street Address	
City, Province	Postal Code	Business phone	Total no. of clinical hours worked

Employed from: mo. _____ day _____ yr. _____ to mo. _____ day _____ yr. _____			
Name of Employer		Street Address	
City, Province	Postal Code	Business phone	Total no. of clinical hours worked

Employed from: mo. _____ day _____ yr. _____ to mo. _____ day _____ yr. _____			
Name of Employer		Street Address	
City, Province	Postal Code	Business phone	Total no. of clinical hours worked

Summary of all practice hours worked in the last three years. Begin with the most recent hours.	Year				Total Hours
	Hours				

PROFESSIONAL DEVELOPMENT - Please complete the Personal Record of Professional Development Activities page and return with this application.

Complete the following table to ensure that your records are up to date. Additional evidence of currency or completion of new restricted activity education may be required. The following restricted activities must not be performed until the applicant receives notification that their application for transfer has been approved; authorization to perform the restricted activity procedure(s) has been reactivated; or a new restricted activity authorization has been granted.

RESTRICTED ACTIVITIES 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			
Prescribing Schedule 1 Drugs			

You must not return to dental hygiene 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, _____, certify to the best of my knowledge that the information provided on this form and any 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 understand that Non-Practicing Members are not authorized to practice dental hygiene or use the protected titles "dental hygienist", "registered dental hygienist", "DH", or "RDH". I understand that in order to practice dental hygiene in Alberta, I am required by law to hold General Registration and a Practice Permit with the CRDHA, before I commence employment.

I understand that the information 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 for transfer; and I also authorize all such institutions, agencies, employers, 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: _____

Dated this _____ day of _____, 20_____.

Fee Calculations for Transfer from Non-Practicing to General Register	Fees
Transfer Fee	\$ 59.00
CRDHA General Registration & Practice Permit for 2020-2021	\$ 599.00
Less Non-Practicing Fee paid to the CRDHA for 2020-2021	\$ (115.00)
Total Transfer Fees Enclosed (Certified Cheque or Money Order; NO personal cheques)	\$ 543.00

<i>OFFICE USE ONLY</i>				
Approved by:	College ID #:	Date of Transfer of Registration:	Receipt #:	Transfer Fee Deposit Date:



VERIFICATION OF CERTIFICATION, LICENSE OR REGISTRATION

This form may be photocopied to send to multiple regulatory bodies.

SECTION A: To be completed by applicant and forwarded with Section B to each jurisdiction where you are or have been certified, licensed or registered as a dental hygienist or any other regulated health profession.

Surname

Given Names

Maiden Name or Other Names (if applicable)

Birth Date (month-day-year)

Street Address

City

Province/State

Postal Code

Email

Home Phone

Cell or Business Phone

()

()

Graduated from:

In City/Province/Country:

Graduation date (month-day-year):

I was certified / licensed / registered in your jurisdiction on:

Number:

I authorize _____ (Name of Regulatory/Licensing Body) to provide the information requested in Section B of this form and any additional information requested by the College of Registered Dental Hygienists of Alberta (CRDHA) in order to process my application for registration.

Signature of Applicant: _____

Date: _____

SECTION B: To be completed by the jurisdictional regulatory body and forwarded directly to the CRDHA.

Please provide the following registration information as authorized by an applicant for registration with the CRDHA. Information provided is held in confidence.

Profession: <input type="radio"/> Dental Hygienist	Profession: <input type="radio"/> Other Regulated Health Profession
	Professional Title:
DH Certificate / License / Registration #:	Certificate / License / Registration #:
Initial DH Registration Date:	Initial Registration Date:
Expiry Date:	Expiry Date:
DH Certificate, License Registration Status: <input type="radio"/> active <input type="radio"/> conditional <input type="radio"/> temporary <input type="radio"/> inactive <input type="radio"/> other (explain)	Other Profession Certificate, License Registration Status: <input type="radio"/> active <input type="radio"/> conditional <input type="radio"/> temporary <input type="radio"/> inactive <input type="radio"/> other (explain)
Has this person's license, registration or permit ever been denied, cancelled, suspended, approved with conditions or otherwise limited or restricted in any way?	<input type="radio"/> Yes <input type="radio"/> No
Is this person's license, registration or permit currently denied, cancelled, suspended, approved with conditions or otherwise limited, restricted or under review?	<input type="radio"/> Yes <input type="radio"/> No
Has this person ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her or him?	<input type="radio"/> Yes <input type="radio"/> No
Is this person currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding?	<input type="radio"/> Yes <input type="radio"/> No
If the answer to one or more of the preceding four questions above is "Yes", please provide further information.	
<i>The following two questions should be completed by Dental Hygiene regulatory bodies ONLY</i>	
Has this person provided you with evidence of graduation (e.g., diploma or transcript) from the DH program listed in Section A?	<input type="radio"/> Yes <input type="radio"/> No
Has this person provided you with evidence of holding NDHCB Certification? If "Yes, please provide: NDHCB #: _____ Effective Date: _____ If "No" explain why not:	<input type="radio"/> Yes <input type="radio"/> No
(SEAL)	Signature:
	Print Name:
	Title:
	Name of Regulatory / Certification / Print Name: Licensing Body:
	Province / State/ Country:
	Date:



CRDHA JURISPRUDENCE EXAMINATION APPLICATION FORM

EXAMINATION INFORMATION

Under the *Health Professions Act* and in accordance with the Dental Hygienists Profession Regulation, all applicants for registration on the General Register must successfully complete the CRDHA Jurisprudence Examination.

The examination is only available in English. The examination is comprised of multiple-choice questions designed to test the applicant's knowledge of the legislation, Code of Ethics, Practice Standards and Guidelines that govern the practice of dental hygiene in the Province of Alberta. Dental hygienists must be familiar and comply with provincial legislation and professional standards of practice or they will be subject to disciplinary action.

The examination is conducted by a secure on-line testing agency. Once all documents and fees related to your application for registration have been received, including this application to write the jurisprudence exam, you will be provided access to the examination as well as the reference documents necessary to answer the examination questions. The on-line exam is open-book and can be completed at your convenience. You must complete the examination alone. The exam site will contain all the directions you require for completion of the examination.

REQUEST TO TAKE THE EXAMINATION

Please complete this form and return to the CRDHA office.

Surname		Given Names	
Maiden Name or Other Names (if applicable)			
Street Address		City	
Province/State		Postal Code	
Home Phone ()	Cell / Business Phone ()	Email	
Birth Date (month-day-year)		<input type="checkbox"/> Female <input type="checkbox"/> Male	

STATEMENT OF UNDERSTANDING

I hereby apply to write the CRDHA Jurisprudence Examination. I understand that one criterion for registration with the CRDHA is successful completion of this examination. I understand that I must complete this examination on my own and I confirm that I will not complete the examination with any other CRDHA registrant or applicant for registration.

By signing this application, I give express permission for CRDHA to release the personal information I have provided above to the testing agency in order to generate my examination access code and examination results and, I give express permission for the testing agency to provide a report of my examination score directly to the CRDHA to become part of my application for registration.

I understand that the examination questions are the property of the CRDHA and that unauthorized disclosure of the examination questions is prohibited. In consideration for being a candidate in writing the CRDHA Jurisprudence Examination, I agree to maintain the confidentiality of the examination questions.

Applicant's Signature

Date



CPR CERTIFICATION DECLARATION STATEMENT - TRANSFER APPLICANT

In accordance with section 11 of the *Dental Hygienists Profession Regulation* and the *CRDHA Policy on Transfers from Non-Practicing to General Membership*, a member applying for a Practice Permit must provide evidence of having successfully completed a **cardiopulmonary resuscitation course for health care providers (HCP)** delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and **completed no longer than twelve months prior to the date the Registrar receives a complete application for transfer to General membership.**

The level of CPR certification required must include, at a minimum, classroom instruction and practicum experience related to:

- one- and two-person rescuer chest compressions for adults, children and infants;
- one- and two-person rescuer adult, child and infant bag-valve mask technique and rescue breathing;
- relief of choking in adults, children and infants; and
- use of an automated external defibrillator.

Please check () each of the elements below that were included in your CPR course for health care providers, then sign and date the Declaration Statement. Attach this Declaration Statement and a photocopy of your CPR wallet card to your membership renewal application.

- one- and two-person rescuer chest compressions for adults, children and infants
- one- and two-person rescuer adult, child and infant bag-valve mask technique and rescue breathing
- relief of choking in adults, children and infants
- use of an automated external defibrillator (AED)

Date CPR course was completed: _____

I, _____, certify to the best of my knowledge that the information provided on this form and its attachment 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 my renewal application.

I authorize the CRDHA to seek additional information from the CPR provider, or other sources as necessary in order to process my application for General membership and a Practice Permit. I also authorize all such CPR providers or other sources to release such information to the CRDHA and for so doing let this be your good and sufficient authority.

Applicant Name (please print): _____

Signature: _____ Date: _____