



**Application for Canadian Performance Exam in Dental Hygiene
Edmonton, Alberta: November 25 and 26, 2021 – English Version
Application Deadline: August 31, 2021**

For Office Use Only	Application Received: (MM/DD/YYYY)	Candidate Identification Number:
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Contact Information		Do You Require a Left-Handed Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surname:		Given Names:	
Previous Surname(s):			
Home Address (Current/Actual)	Street:		Apt/Unit #:
	City:	Province:	Postal Code:
	Telephone:		Email:

Dental Hygiene Education			
Name of College/University:			
Location:		Graduation Date: (MM/DD/YYYY)	
Required Documentation: (Check One)	<input type="checkbox"/> Notarized copy of Dental Hygiene Diploma and/or Degree – <i>enclosed with this form</i> OR <input type="checkbox"/> Transcript – <i>submitted directly from your College/University of graduation</i>		
Have you successfully passed the NDHCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: (MM/DD/YYYY)	No.:
Required Documentation:	<input type="checkbox"/> Copy of NDHCE certificate – <i>enclosed with this form</i>		

Professional Liability Insurance			
Insurance Company:		Policy No.:	
Amount of Coverage:		Expiration Date: (MM/DD/YYYY)	
Required Documentation:	<input type="checkbox"/> Copy of Professional Liability Insurance Policy for a minimum amount of \$1,000,000.00 – <i>enclosed with this form</i>		

Photo Identification	
<ul style="list-style-type: none"> ■ Please supply two (2) notarized passport-style photographs which have a plain background, full face and no hat. ■ Sign your name in ink on the reverse of both photographs and attach by staple to this form. ■ Ensure this photograph is a current likeness to you as it will be used to identify you at the examination. 	<p>Staple 2 photographs here</p>

Previous Examination Attempts

Have you previously attempted any other clinical examinations in Canada? Yes No

Province or Territory:	Date of Clinical Examination: (MM/DD/YYYY)
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\$2,500.00 CAD – Fee Required for November 25 and 26, 2021

Certified Cheque **OR** Money Order

(payable to the CRDHA in Canadian funds)

NO CASH / PERSONAL CHEQUES ACCEPTED

I, _____ (name in full) hereby make application to take the November 2021 **Canadian Performance Exam in Dental Hygiene** conducted by the College of Registered Dental Hygienists of Alberta (CRDHA) under authority of Alberta's *Health Professions Act* and the Dental Hygienists Profession Regulation to be delivered in Edmonton, Alberta. I do not know of any reason, condition or circumstance why I should not be eligible to sit the examination.

I understand that the CRDHA has entered into a Memorandum of Understanding (MOU) with the other Canadian Dental Hygiene Regulatory Authorities and that under the MOU, any unsuccessful clinical examination results recorded by another signatory to the MOU will count toward the CRDHA's maximum number of allowable examination attempts. I also understand and accept that, in accordance with the MOU, CRDHA will share the final results of all of my clinical exams taken in Alberta with the other Canadian Dental Hygiene Regulatory Authorities.

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 as necessary in order to process this application and, I also authorize all such third parties to release such information to the CRDHA. I make this solemn declaration, conscientiously believing all statements on this application to be true and complete, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant:	Date: (MM/DD/YYYY)
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Enclosures Required:

- Notarized copy of Dental Hygiene Diploma/Degree **OR** Transcript sent directly from College/University
- Notarized copy of NDHCE certificate
- Copy of Professional Liability Insurance Policy, for the minimum amount required
- Two (2) notarized passport-style photographs
- Payment in full (certified cheque or money order)

Candidates wishing to apply for exam accommodations must submit the *Special Accommodation Application* form and *Supporting Documentation for Accommodation Request* form at the time of application.