

## REQUEST FOR CONTINUING COMPETENCE PROGRAM CREDITS

### General Information – RETAIN ONE BLANK MASTER OF THIS FORM FOR PHOTOCOPYING

1. Courses must be completed within your reporting period to be eligible for credit.
2. Requests for credits must be submitted within **120 days** of completion of the course or activity. Allow 60 days from the date of submission of your credit request for entry into your record.
3. Completing this form:
  - attach supporting documentation for courses not delivered by CRDHA. Refer to CCP Rule 4.1.1 for details.
  - make a photocopy for your records.
  - mail/fax/email to CRDHA.
4. Regulated members must obtain a minimum of 45 program credits in a relevant 3-year reporting period.

### Registrant Information

Reporting Period: November 1, \_\_\_\_\_ to October 31, \_\_\_\_\_ CRDHA ID#

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Continuing Competence Program Information – see back of form for codes

<b>1</b>	Course/Activity Date: <small>From: YYYY / MM / DD To: YYYY / MM / DD</small>		Course/Activity Title:		
	Credits Requested:	Sponsor Code:	Participant Code:	Program Credit Code:	Practice Code:
	Sponsor Name:		Name of Clinician/Instructor:		
<b>2</b>	Course/Activity Date: <small>From: YYYY / MM / DD To: YYYY / MM / DD</small>		Course/Activity Title:		
	Credits Requested:	Sponsor Code:	Participant Code:	Program Credit Code:	Practice Code:
	Sponsor Name:		Name of Clinician/Instructor:		
<b>3</b>	Course/Activity Date: <small>From: YYYY / MM / DD To: YYYY / MM / DD</small>		Course/Activity Title:		
	Credits Requested:	Sponsor Code:	Participant Code:	Program Credit Code:	Practice Code:
	Sponsor Name:		Name of Clinician/Instructor:		

### Declaration

I, \_\_\_\_\_ hereby certify that I have attended the course or participated in the activity described above. The number of credits requested does not exceed the number of hours attended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CONTINUING COMPETENCE SPONSOR CODES**

**Associations – Oral Health**

- CRDHA College of Registered Dental Hygienists of Alberta**  
 ADA001 Alberta Dental Association & College  
 ADA002 Alberta Dental Association District Societies  
 CADA01 College of Alberta Dental Assistants &/or District Societies  
 CDAA01 Canadian Dental Assistants Association  
 CDA001 Canadian Dental Association  
 CDA002 Other Provincial Dental Associations &/or Societies  
 CDHA01 Canadian Dental Hygienists Association  
 CDHA02 Other Provincial Dental Hygienists Associations  
 USDA01 American Dental Association  
 USDA02 State Dental Associations  
 USDH01 American Dental Hygienists Association  
 USDH02 State Dental Hygiene Associations  
 IDHA01 International Dental or Dental Hygiene Organizations  
 SPSA01 Specialist Societies &/or Academies - Canadian  
 SPSA02 Specialist Societies &/or Academies - Other

**Recognized Educational Institutions**

- DSC001 University of Alberta  
 DSC002 Universities/Colleges - Canadian  
 DSC003 Universities/Colleges - U.S.A.  
 DSC004 Universities/Colleges - International  
 DSC005 Armed Forces Dental School  
 DSC006 Technical Institutes  
 DSC050 Other

**Other Sponsors**

- HCA001 Recognized Non-Dental Health Prof. Assoc.  
 HRM001 Hospital/Research Facilities  
 PHD001 Public Health Department/Agencies/Organ.  
 PCS001 Commercial Sponsor  
 SC0001 Study Club  
 OS0001 Other Sponsor  
 NS0001 Not Sponsored

**PARTICIPANT CLASSIFICATION CODES**

- CP** Course Participant      **AC** Author/Contributor      **IN** Instructor of Course      **ME** Mentor/Mentee

**PROGRAM CREDIT CODES**

**CH01 Unlimited**

- CH01a Educational Courses or Sessions  
 CH01b Formal Advanced Education Courses/Programs  
 CH01c Self-Directed Study  
 CH01d Participation in Research  
 CH01e Publications  
 CH01f Directed Study (Mentoring)  
 CH01g Developing & Delivering an Educational Course

**CH02 Limited (Maximum 20 credits per reporting period)**

- CH02a Developing & Delivering a Presentation  
 CH02b Other Practice Related (Max 9 Credits per reporting period)  
 CH02c Oral Health Professional AGMs (Max 3 Credits per year)  
 CH02d Self Assessment Package (Max 2 Credits per year)  
 CH02e CPR (Max 3 Credits per year)  
 CH02f Jurisprudence Examination (Max 2 Credits; one time only)

**PRACTICE CATEGORY CODES**

**PRIMARY PRACTICE CODES<sup>1</sup>**

Choose a maximum of 3 Primary Practice Codes

- |                          |                            |
|--------------------------|----------------------------|
| 1 Clinical Practice      | 6 Health Promoter          |
| 2 Community Health       | 7 Consultant               |
| 3 Administrator/ Manager | 8 Independent Practitioner |
| 4 Educator               | 9 Professional Speaker     |
| 5 Researcher             |                            |

**ADVANCED PRACTICE CODES<sup>2</sup>**

- A Local Anaesthetic Administration Roster  
 B Prescriber Roster  
 C Nitrous Oxide/Oxygen Conscious Sedation Roster  
 D Orthodontic Roster  
 E Restorative Roster

<sup>1</sup> Insert a Practice Code number(s), followed by the applicable Advanced Practice Code(s)<sup>2</sup> letter(s).

Examples:

- You are in clinical practice and you are on the Nitrous Oxide/Oxygen Conscious Sedation Roster. Your code is 1C.
- You are in community health and you have no advanced practice codes. Your code is 2.
- You are an independent practitioner in clinical practice and you are on the Local Anaesthetic and the Prescriber Rosters. Your code is 18AB.