



**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 \_\_\_\_\_ 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)

For DH regulatory bodies. Has this person provided you with evidence of graduation (eg. diploma or transcript) from the DH program listed in Section A?  Yes  NoFor DH regulatory bodies. Has this person provided you with evidence of holding NDHCB Certification?  Yes  No  
If "Yes, provide NDHCB #: \_\_\_\_\_ If "No" explain why not.

Has this person's certificate/license/registration ever been denied, restricted, suspended or cancelled?	<input type="radio"/> Yes <input type="radio"/> No
Is this person's certificate/license/registration currently restricted, suspended, cancelled 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 4 questions above is "Yes", please provide further information.

(SEAL)	Signature:
	Print Name:
	Title:
	Name of Regulatory / Certification / Print Name: Licensing Body:
	Province / State/ Country:
	Date: