



## Application for Entry onto the Roster of Members Authorized to Perform Orthodontic Procedures

### ELIGIBILITY CRITERIA

Applications may be submitted by General Members or Courtesy Members who have successfully completed both the theoretical and clinical components of the Council-approved Alberta Orthodontic Module or an orthodontic program deemed by the College of Registered Dental Hygienists of Alberta (CRDHA) to be substantially equivalent to the Council-approved Module.

Courses designed to produce competency in the performance of orthodontic procedures must meet the criteria set out in Appendix 2 of CRDHA's *Policy and Requirements Regarding Entry onto the Roster of Members Authorized to Perform Orthodontic Procedures*.

### APPLICATION REQUIREMENTS

An application for entry onto the Roster of members authorized to perform orthodontic procedures must include:

- Evidence of successful completion of an orthodontic dental hygiene course in one of the following forms:
  - A notarially certified copy of the official transcript issued by the diploma or degree dental hygiene program whose regular curriculum included theoretical and clinical orthodontic education, or
  - A notarially certified copy of the certificate of completion issued by the continuing education facility/agency which delivered the orthodontic dental hygiene course.
- Evidence of currency of practice in the performance of orthodontic procedures, in the form of a letter from the applicant's employer(s) verifying that the applicant regularly performs orthodontic procedures as part of the practice of dental hygiene (see sections B & C of the Policy).
- Evidence of CPR certification (Cardiopulmonary resuscitation course for Healthcare Providers) within the past 12 mos.

Applicants may be asked to submit detailed course information (course outlines, schedules, course syllabus, course workbooks or manuals) if this information is not already on file.

### 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 #

### ORTHODONTIC COURSE INFORMATION

Date of completion of orthodontic course: \_\_\_\_\_

Name and address of educational institution which delivered the course:

\_\_\_\_\_  
\_\_\_\_\_

Type of educational facility:  University  College  Other \_\_\_\_\_

Type of course:  part of diploma/degree level dental hygiene program  
 continuing education course  
 other \_\_\_\_\_

Length of continuing education course: \_\_\_\_\_

### List 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.

### 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 orthodontic procedures and, 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.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GENERAL INFORMATION

- Additional verification of education and currency may be required.
- You **must not** perform orthodontic procedures until you have been notified by the Registrar that your name has been placed on the Roster of members authorized to perform orthodontic procedures.