

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: info@crdha.ca

***This form is valid for the registration year November 1, 2016 to October 31, 2017**

ELIGIBILITY

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.

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 or license entitling you to practice dental hygiene or any other health profession in any province, territory, state or country ever been denied, limited, restricted, suspended or canceled? Yes 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? Yes No
3. Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction? Yes No
4. Have you ever been convicted of a criminal offense in any jurisdiction? Yes No
5. Are you affected by a physical or mental condition or disorder that could impair your ability to provide dental hygiene services in a safe and competent manner? (Includes HBV, HCV & HIV) Yes No
6. Are you affected by an addiction to alcohol, drugs or other chemicals that could impair your ability to provide dental hygiene services in a safe and competent manner? Yes No

If you answered "yes" to ANY question above, provide a brief narrative. You may also be required to provide further documentation.

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 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 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 that 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_____.

Mark an "X" in the selection box beside either Option #1 or Option #2 below and submit the total transfer fees required for the option selected.

<input type="checkbox"/> Fee Calculations for Transfer Option #1	Fees
CRDHA General Registration & Practice Permit with CDHA Plan 1 - \$1M liability insurance	\$ 743.00
Less Non-Practicing Fee paid to the CRDHA for 2016-2017	\$ (205.00)
Total Transfer Fees Submitted (Certified Cheque or Money Order)	\$ 538.00

<input type="checkbox"/> Fee Calculations for Transfer Option #2	Fees
CRDHA General Registration & Practice Permit with CDHA Plan 2 - \$2M liability insurance	\$ 758.00
Less Non-Practicing Fee paid to the CRDHA for 2016-2017	\$ (205.00)
Total Transfer Fees Submitted (Certified Cheque or Money Order)	\$ 553.00

Office Use Only

Stakeholder #:	College ID #:	Date of Transfer of Registration:	Receipt #:	Transfer Fee Deposit Date:
			Batch #:	

