



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: _____

Continuing Competence Program Information – see back of form for codes

1	Course/Activity Date: From: YYYY / MM / DD To: YYYY / MM / DD		Course/Activity Title:		
	Credits Requested:	Sponsor Code:	Participant Code:	Program Credit Code:	Practice Code:
	Sponsor Name:		Name of Clinician/Instructor:		
2	Course/Activity Date: From: YYYY / MM / DD To: YYYY / MM / DD		Course/Activity Title:		
	Credits Requested:	Sponsor Code:	Participant Code:	Program Credit Code:	Practice Code:
	Sponsor Name:		Name of Clinician/Instructor:		
3	Course/Activity Date: From: YYYY / MM / DD To: YYYY / MM / DD		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 CODES¹

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 CODES²

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

¹Insert a Practice Code number(s), followed by the applicable Advanced Practice Code(s)² 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.