College of Registered Dental Hygienists of Alberta
Suite 302, 8657- 51 Avenue Edmonton AB T6E 6A8 ♢ Phone: 780-465-1756 or Toll Free 1-877-465-1756 Fax: 780-440-0544

APPLICATION FOR RENEWAL

For Use by Persons on the General Register at the Year Ending October 31, 2017

Please provide the required information below

CRDHA Reg #:

Name:

Address:

Home Phone:

Cell Phone:

Email:

NOTE: Due to privacy and security issues, credit card payments can only be accepted with online renewals.

Completed renewal application and payment in full must be received by CRDHA **on or before Tuesday, October 10, 2017** for the office to generate a Practice Permit by October 31, 2017.

For Office Use Only:

Deposit Date:	Receipt No.:
Batch No.:	

2017-2018 Renewal Category	Fees
☐ **1. General Registration** Includes Practice Permit, CRDHA General Registration with CDHA Plan 1 - $1M liability insurance.	**$799.00**
OR	
CRDHA General Registration with CDHA Plan 2 - $2M liability insurance.	**$814.00**
☐ **2. Non-Practicing Membership** Non-Regulated Members Register Not authorized to practice dental hygiene Not authorized to use protected titles Restricted activity authorization cancelled Includes CDHA Support membership	**$210.00**
☐ **3. Cancel Registration** **Must sign request at bottom of page 4	**N/C**
☐ **4. Late Payment Penalty** Late payment penalty must be enclosed with payments that will be received by CRDHA after October 31. Choose:	
Late General Registration	**$119.80**
Late Non-Practicing Membership	**$ 23.00**
Total Amount Paid	**$**

Employment Status on October 1, 2017 – select one box only

Employed in Dental Hygiene
☐ 1. On October 1, 2017

Employed in Another Field and
☐ 2. Seeking employment in dental hygiene
☐ 3. Not seeking employment in dental hygiene

Not employed and
☐ 4. Seeking employment in D.H.
☐ 5. Seeking employment in another field
☐ 6. On maternity leave
☐ 7. On disability leave
☐ 8. Student
☐ 9. Retired
☐ 10. Other reasons

Total number of hours worked from November 1, 2016 to October 31, 2017: _____hours
Note: Please estimate the number of hours you expect to work in October. If necessary you can correct these practice hours on your next renewal form or by phoning the CRDHA office anytime through the 2017-2018 membership year.

Total number of years of work experience in dental hygiene practice: _____ years

Intention to retire: Year _____ Not applicable at this time ☐

Current Employment Information

Primary Place of Employment (location where the most hours are worked)

Name of Employer			Business Name & Street Address	
City, Town, Village	Province	Postal Code	Business Telephone ( )	Average no. of hours worked per week
Start Date:				

Current Position
- ☐ 1. Full-time permanent (30 hrs. or more per week)
- ☐ 2. Part-time permanent
- ☐ 3. Full-time temp/contract
- ☐ 4. Part-time temp/contract

Practice Setting
- ☐ 1. General dentistry
- ☐ 2. Specialty dentistry (specify) _____
- ☐ 3. Community health
- ☐ 4. University/Technical Institute
- ☐ 5. Hospital
- ☐ 6. Other (specify) _____
- ☐ 7. Independent DH Practice

Primary Area of Responsibility
- ☐ 1. Direct patient care
- ☐ 2. Administration
- ☐ 3. Teaching
- ☐ 4. Research
- ☐ 5. Consulting
- ☐ 6. Other (specify) _____

Second Place of Employment

Name of Employer			Business Name & Street Address	
City, Town, Village	Province	Postal Code	Business Telephone ( )	Average no.of hours worked per week
Start Date:				

Current Position
- ☐ 1. Full-time permanent (30 hrs. or more per week)
- ☐ 2. Part-time permanent
- ☐ 3. Full-time temp/contract
- ☐ 4. Part-time temp/contract

Practice Setting
- ☐ 1. General dentistry
- ☐ 2. Specialty dentistry (specify) _____
- ☐ 3. Community health
- ☐ 4. University/Technical Institute
- ☐ 5. Hospital
- ☐ 6. Other (specify) _____
- ☐ 7. Independent DH Practice

Primary Area of Responsibility
- ☐ 1. Direct patient care
- ☐ 2. Administration
- ☐ 3. Teaching
- ☐ 4. Research
- ☐ 5. Consulting
- ☐ 6. Other (specify) _____

Third Place of Employment

Name of Employer			Business Name & Street Address	
City, Town, Village	Province	Postal Code	Business Telephone ( )	Average no.of hours worked per week
Start Date:				

Current Position
- ☐ 1. Full-time permanent (30 hrs. or more per week)
- ☐ 2. Part-time permanent
- ☐ 3. Full-time temp/contract
- ☐ 4. Part-time temp/contract

Practice Setting
- ☐ 1. General dentistry
- ☐ 2. Specialty dentistry (specify) _____
- ☐ 3. Community health
- ☐ 4. University/Technical Institute
- ☐ 5. Hospital
- ☐ 6. Other (specify) _____
- ☐ 7. Independent DH Practice

Primary Area of Responsibility
- ☐ 1. Direct patient care
- ☐ 2. Administration
- ☐ 3. Teaching
- ☐ 4. Research
- ☐ 5. Consulting
- ☐ 6. Other (specify) _____

Update of Recent Educational Achievements

Has a new diploma or degree been awarded since you last renewed your CRDHA membership?

☐ No ☐ Yes Date Awarded: _____

If yes, Diploma/Degree Title: _____

Specializing in :
- ☐ 1. Teaching
- ☐ 2. Research
- ☐ 3. Community Health/Hospital
- ☐ 4. Management/Administration
- ☐ 5. Other (please specify)

_____

Name of Institution: _____

Address of Institution: _____

Update of Advanced Dental Hygiene Knowledge and Skills

In the past year, have you completed a comprehensive post-diploma/degree dental hygiene module or continuing education program which included didactic and clinical education in any of the areas listed below? **Please contact the CRDHA office immediately if you have not already completed an application for authorization to perform these activities.**

1. Administration of Local Anaesthetic ☐ No ☐ Yes
   Institute: _____ Province/State: _____ Year _____
2. Administration of Nitrous Oxide ☐ No ☐ Yes
   Institute: _____ Province/State: _____ Year _____
3. Restorative Procedures ☐ No ☐ Yes
   Institute: _____ Province/State: _____ Year _____
4. Orthodontic Procedures ☐ No ☐ Yes
   Institute: _____ Province/State: _____ Year _____
5. Other (please describe) ☐ No ☐ Yes

   _____

   Institute: _____ Province/State: _____ Year _____

List Jurisdictions Where You Are Currently or Were Previously Registered/Licensed to Practice Dental Hygiene or any other Health Profession

Name of Regulatory Body	Province / State and Country	Registration / License #	Expiry Date

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 cancelled? ☐ 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, mental, or emotional condition or disorder that may 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 may 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.

_____

_____

_____

Renewal Declaration Statement

I, _____, certify to the best of my knowledge that the information provided on this form and any 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 authorize the CRDHA to seek additional information from educational institutions, regulatory agencies, employers, or other sources as necessary in order to process my application for renewal of membership; 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.

Signature: _____ Date: _____

Cancellation by Request

Please cancel my registration. I understand that this request will cause my name to be struck from the Register of the College of Registered Dental Hygienists of Alberta. I understand that I will no longer be authorized to practice dental hygiene in Alberta or use the protected titles "dental hygienist", "registered dental hygienist", "DH", or "RDH". I also understand that if at any time I apply for reinstatement of registration with the CRDHA, I will be required to meet the same requirements for registration as any other new registrant, including the completion of written and/or clinical professional examinations.

Signature: _____ Date: _____