



CPR CERTIFICATION DECLARATION STATEMENT - TRANSFER APPLICANT

In accordance with section 11 of the *Dental Hygienists Profession Regulation* and the CRDHA *Policy on Transfers from Non-Practicing to General Membership*, a member applying for a Practice Permit must provide evidence of having successfully completed a **cardiopulmonary resuscitation course for health care providers** delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and **completed no longer than twelve months prior to the date the Registrar receives the application for transfer to General membership.**

The level of CPR certification required must include, at a minimum, classroom instruction and practicum experience related to:

- one and two person rescuer chest compressions for adults, children and infants;
- one and two person rescuer adult, child and infant bag-valve mask technique and rescue breathing;
- relief of choking in adults, children and infants; and
- use of an automated external defibrillator.

Please check (√) each of the elements below that were included in your CPR course for health care providers, then sign and date the Declaration Statement. Attach this Declaration Statement and a photocopy of your CPR wallet card to your membership renewal application.

- one and two person rescuer chest compressions for adults, children and infants
- one and two person rescuer adult, child and infant bag-valve mask technique and rescue breathing
- relief of choking in adults, children and infants
- use of an automated external defibrillator (AED)

Date CPR course was completed: _____

I, _____, certify to the best of my knowledge that the information provided on this form and its attachment 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 my renewal application.

I authorize the CRDHA to seek additional information from the CPR provider, or other sources as necessary in order to process my application for General membership and a Practice Permit. I also authorize all such CPR providers or other sources to release such information to the CRDHA and for so doing let this be your good and sufficient authority.

Signature: _____ Date: _____