



General Member Name	CRDHA ID#
Phone Number	Email

Self Assessment of Competencies for the Previous Year

I have completed a self assessment of my competencies as a dental hygienist practicing in the following practice setting(s) (please check all that are applicable):

<input type="checkbox"/> Clinical Practice	<input type="checkbox"/> Health Promoter
<input type="checkbox"/> Administrator / Manager	<input type="checkbox"/> Consultant
<input type="checkbox"/> Community Health	<input type="checkbox"/> Independent Practitioner
<input type="checkbox"/> Educator	<input type="checkbox"/> Professional Speaker
<input type="checkbox"/> Researcher	<input type="checkbox"/> Other (please specify) _____

Learning Plan for the Previous Year

I completed a Learning Plan for the 20__ / 20__ year. The Learning Plan correlated each learning objective I identified with activities to meet each learning objective. The following is a summary:

My Learning Needs for the reporting year of November 1, 20__ to October 31, 20__ are listed below:	I have met my learning needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the completed learning activities below. If no, explain why the learning activity was not completed.
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Signature	Date
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EXAMPLE

General Member Name I. M. Registered	CRDHA ID# XxXx
Phone Number (000) XXX-YYYY	Email im@myemail.ca

Self Assessment of Competencies for the Previous Year

I have completed a self assessment of my competencies as a dental hygienist practicing in the following practice setting(s) (please check all that are applicable):

<input checked="" type="checkbox"/> Clinical Practice	<input type="checkbox"/> Health Promoter
<input type="checkbox"/> Administrator / Manager	<input type="checkbox"/> Consultant
<input type="checkbox"/> Community Health	<input type="checkbox"/> Independent Practitioner
<input type="checkbox"/> Educator	<input type="checkbox"/> Professional Speaker
<input type="checkbox"/> Researcher	<input type="checkbox"/> Other (please specify) _____

Learning Plan for the Previous Year

I completed a Learning Plan for the 2012/ 2013 year. The Learning Plans correlated each learning objective I identified with activities to meet each learning objective. The following is a summary:

My Learning Needs for the reporting year of November 1, 2012 to October 31, 2013 are listed below:	I have met my learning needs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the completed learning activities If no, explain why the learning activity was not completed.
1. <i>I will improve my ability to identify and report signs of abuse and/or neglect.</i>	1. <i>Jan 15/2013 Completed the self-study webinar and post-test of "Identifying Signs of Abuse and Neglect – Responsibilities of the dental professional".</i>
2. <i>I will improve my ability to compare current oral health findings to previous oral health history.</i>	2. <i>March 15/2013 Completed on-line course regarding improving individualized treatment planning, which included assessment and comparison of current and previous oral health findings.</i>
3. <i>I will improve my ability to assess barriers to the attainment of oral health.</i>	3. <i>Sept 30/2013 Attended study club session with speaker regarding different cultures and how this may impact a client's approach to oral health and overall health.</i>
4.	4.
5.	5.

Signature <i>I.M. Registered</i>	Date <i>November 22, 2013</i>
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