



Application for Entry onto the Roster of Members Authorized to Perform Restorative Procedures of a Permanent Nature

ELIGIBILITY CRITERIA

A General Member or Courtesy Member who has successfully completed an educational course or program that meets the criteria set out in the CRDHA *Policy Regarding Approval of Restorative Dental Hygiene Courses* may apply for entry onto the CRDHA Roster of members authorized to perform restorative procedures of a permanent nature.

Courses designed to produce competency in the performance of restorative procedures of a permanent nature must meet the criteria set out in Appendix 1 of the CRDHA's *Policy and Requirements Regarding Entry onto the Roster of Members Authorized to Perform Restorative Procedures of a Permanent Nature*.

APPLICATION REQUIREMENTS

An application for entry onto the Roster of members authorized to perform procedures of a permanent nature must include:

1. Evidence of successful completion of a restorative dental hygiene course in one of the following forms:
 - A notarially certified copy of the official transcript issued by the diploma or degree dental hygiene program whose regular curriculum included theoretical and clinical restorative education, or
 - A notarially certified copy of the certificate of completion issued by the continuing education facility/agency which delivered the restorative dental hygiene course.
2. Evidence of currency of practice in the performance of restorative procedures, in the form of a letter from the applicant's employer(s) verifying that the applicant regularly performs restorative procedures as part of the practice of dental hygiene (see sections B & C of the Policy).
3. Evidence of CPR certification (at the healthcare provider level) within the past 12 months.

Applicants may be asked to submit detailed course information (course outlines, schedules, course syllabus, course workbooks or manuals) if this information is not already on file.

APPLICANT PERSONAL INFORMATION

Surname

Given Names

Maiden/Other Name (if applicable)

Street Address

City

Province/State

Postal Code

Home Phone

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Cell Phone

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Business Phone

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E-mail address

CRDHA ID #

RESTORATIVE COURSE INFORMATION

Date of completion of restorative course: _____

Name and address of educational institution which delivered the course:

Type of educational facility: University College Other _____

Type of course: part of diploma/degree level dental hygiene program
 continuing education course
 other _____

Length of continuing education course: _____

List jurisdictions where you are currently or were previously authorized to perform restorative procedures

Name and Mailing Address of Licensing Body	Expiry Date	Registration or License No.

DECLARATION

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 authorize the CRDHA to seek additional information from educational institutions, regulatory agencies, or other sources as necessary in order to process this application for entry onto the Roster of members authorized to perform restorative procedures of a permanent nature and, I also authorize all such institutions, agencies, or other sources to release such information to the CRDHA and for so doing let this be your good and sufficient authority.

Name (please print): _____

Signature: _____ Date: _____

GENERAL INFORMATION

- Additional verification of education and currency may be required.
- You **must not** perform restorative procedures of a permanent nature until you have been notified by the Registrar that your name has been placed on the Roster of members authorized to perform restorative procedures of a permanent nature.