



# Saskatchewan Dental Hygienists' Association

114-3502 Taylor Street East, Saskatoon, SK S7H 5H9

Ph: (306) 931-7342 Fax: (306) 931-7334

Email: [sdha@sasktel.net](mailto:sdha@sasktel.net) [www.sdha.ca](http://www.sdha.ca)

|                                    |       |
|------------------------------------|-------|
| <b><u>For Office Use Only:</u></b> |       |
| Date Received:                     | _____ |
| Date Approved:                     | _____ |
| SDHA Number:                       | _____ |
| CDHA Number:                       | _____ |
| MST ID:                            | _____ |
| License Type:                      | _____ |

## SDHA License Application Form / CDHA Membership Renewal 2012 License Year - January 15, 2012 to January 15, 2013

### SDHA & CDHA Contact Information



THE CANADIAN DENTAL  
HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES HYGIÉNISTES DENTAIRES



As membership in the Canadian Dental Hygienists' Association (CDHA) is a requirement in Saskatchewan, this licence application form will also serve as your CDHA Membership renewal.

Your CDHA membership offers many benefits, one of which is your malpractice insurance coverage which is a requirement for licensure in Saskatchewan. Please update your personal information on the CDHA website under **My Profile** at: <http://www.cdha.ca>. The website had been updated to contain resources and online communication with other dental hygienists in SK as well as across the country.

Information specific to Saskatchewan can be found on our website at [www.sdha.ca](http://www.sdha.ca).

Please provide your email address to the SDHA to receive the CDHA and SDHA email broadcasts.

CDHA No: \_\_\_\_\_

Last name: \_\_\_\_\_ Ne: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\\_\_\_\_\\_\_\_\_  
dd \ mm\yyyy

Gender  Female  
 Male

### FEEES

#### LICENSE CATEGORIES FOR FULL REGISTRANTS:

1. If you are qualified to administer local anaesthesia, a **Full License** to practice dental hygiene can be granted.
2. If you are not qualified to administer local anaesthesia, a **Conditional License** can be granted, allowing a maximum of two years from initial registration date to become qualified to administer local anaesthesia.
3. If you qualify for a Full or Conditional License and chose not to practice in Saskatchewan during the current licencing period, a **Non-practicing License** can be granted. This type of License can be granted for a total of no more than three consecutive licencing periods (36 months). Continuing Competency requirements must be maintained. Applications in this category seeking to convert to a practicing License in the future should seek the advice of the Registrar.
4. New graduates applying for full or conditional licenses after June 30 are eligible for a pro-rated fee. This fee **does not** include CDHA membership and only applies to applicants **not** currently holding a license in another jurisdiction.
5. A late fee of \$100.00 will apply to license renewal forms received after the deadline of January 15<sup>th</sup>.

I am applying for a

- |   |          |
|---|----------|
| <input type="checkbox"/> Full License                       | \$550.00 |
| <input type="checkbox"/> Conditional License                | \$550.00 |
| <input type="checkbox"/> Non-practicing License             | \$275.00 |
| <input type="checkbox"/> New Graduate (Full or Conditional) | \$275.00 |

License Fee Submitted:

## Employment Status on January 15, 2012

### Employed in Dental Hygiene

On January 15, 2012

### Employed in Another Field and

- Seeking employment in dental hygiene  
 Not seeking employment in dental hygiene

### Not Employed and

- Seeking employment in dental hygiene  
 Seeking employment in another field  
 On maternity leave  
 On disability leave  
 Student  
 Retired  
 Other reason \_\_\_\_\_

### Primary Employment

|                      |           |              |                               |  |
|----------------------|-----------|--------------|-------------------------------|--|
| Name of Employer:    |           |              | Street Address:               |  |
| City, Town, Village: | Province: | Postal Code: | Business Telephone:<br>(    ) |  |

#### Current Position

- Full-time permanent (>30 hours per week)  
 Part-time permanent  
 Full-time temp/contract  
 Part-time temp/contract

Hours per Week: \_\_\_\_\_

#### Practice Setting

- General dentistry  
 Specialty dentistry (specify)  
 \_\_\_\_\_  
 Community health  
 University/Technical Institute  
 Hospital/ Long-term care facility  
 Other (specify)  
 \_\_\_\_\_

#### Area of Responsibility

- Direct patient care  
 Administration  
 Teaching  
 Research  
 Consulting  
 Other (specify)  
 \_\_\_\_\_

### Secondary Employment

|                      |           |              |                               |  |
|----------------------|-----------|--------------|-------------------------------|--|
| Name of Employer:    |           |              | Street Address:               |  |
| City, Town, Village: | Province: | Postal Code: | Business Telephone:<br>(    ) |  |

#### Current Position

- Full-time permanent (>30 hours per week)  
 Part-time permanent  
 Full-time temp/contract  
 Part-time temp/contract

Hours per Week: \_\_\_\_\_

#### Practice Setting

- General dentistry  
 Specialty dentistry (specify)  
 \_\_\_\_\_  
 Community health  
 University/Technical Institute  
 Hospital/ Long-term care facility  
 Other (specify)  
 \_\_\_\_\_

#### Area of Responsibility

- Direct patient care  
 Administration  
 Teaching  
 Research  
 Consulting  
 Other (specify)  
 \_\_\_\_\_

### Third Place of Employment

|                      |           |              |                               |  |
|----------------------|-----------|--------------|-------------------------------|--|
| Name of Employer:    |           |              | Street Address:               |  |
| City, Town, Village: | Province: | Postal Code: | Business Telephone:<br>(    ) |  |

#### Current Position

- Full-time permanent (>30 hours per week)  
 Part-time permanent  
 Full-time temp/contract  
 Part-time temp/contract

Hours per Week: \_\_\_\_\_

#### Practice Setting

- General dentistry  
 Specialty dentistry (specify)  
 \_\_\_\_\_  
 Community health  
 University/Technical Institute  
 Hospital/ Long-term care facility  
 Other (specify)  
 \_\_\_\_\_

#### Area of Responsibility

- Direct patient care  
 Administration  
 Teaching  
 Research  
 Consulting  
 Other (specify)  
 \_\_\_\_\_

## Additional Information

1. Total number of years of work experience in dental hygiene practice: \_\_\_\_\_ years
2. Have you completed a post secondary diploma or degree program since you last renewed your SDHA License?  
 Yes       No      Date awarded \_\_\_\_\_  
Specializing in:  
 Education  
 Research  
 Community Health/Hospital  
 Management/Administration  
 Other (please specify)  
Credential \_\_\_\_\_  
  
Name of Institution: \_\_\_\_\_
3. In the past year have you completed a dental hygiene module or continuing education program which included didactic and clinical education in any of the following areas?
  - A. **Administration of Local Anaesthesia**  
 Yes       No      Date awarded \_\_\_\_\_  
Name of Institution: \_\_\_\_\_
  - B. **Restorative Procedures**  
 Yes       No      Date awarded \_\_\_\_\_  
Name of Institution: \_\_\_\_\_
  - C. **Orthodontic Procedures**  
 Yes       No      Date awarded \_\_\_\_\_  
Name of Institution: \_\_\_\_\_
  - D. **Other (please describe)** \_\_\_\_\_  
 Yes       No      Date awarded \_\_\_\_\_  
Name of Institution: \_\_\_\_\_
4. 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
5. 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 Saskatchewan or elsewhere as a dental hygienist or in a health profession other than dental hygiene?  
 Yes       No
6. Are you currently the subject of any reviews, investigations, discipline hearings or proceedings (including criminal proceedings) in any jurisdiction?  
 Yes       No
7. Have you ever been convicted of a criminal offence for which you have not received a pardon for?  
 Yes       No
8. Are you affected by a physical, mental or emotional condition/disorder or addiction that may impair your ability to provide dental hygiene services in a safe and competent manner?  
 Yes       No

**If you answered "yes" to questions 4 to 8 above, provide a brief narrative. You may also be required to provide further documentation.**

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## Consent and Declaration Statements

### ***CONSENT FOR DISTRIBUTION OF MAILING LABELS***

CDHA and the provincial associations provide/rent mailing labels to third parties such as suppliers, educational organizations, and industry. These parties wish to promote special events and inform members of new products and resources. CDHA and the provincial associations review all materials distributed by third parties prior to providing/renting mailing labels to ensure these are of interest to members. As stipulated by national and provincial privacy legislation, CDHA and the provincial associations also sign a confidentiality agreement with the third party. **Please indicate below whether you consent to allowing the personal information contained in this Membership Renewal/Application form to be provided/rented for the purposes stated in this Section by the CDHA and/or your provincial association.**

- I consent to my personal information being provided/rented in accordance with national and/or provincial privacy legislation and the CDHA and my provincial association's privacy policies.*
- I do NOT consent to my personal information being provided.*

### ***DECLARATION***

I \_\_\_\_\_, certify to the best of my knowledge that the information provided on this application is correct, complete and true in every respect. I understand that this declaration has the same significance as giving one under oath and understand that making a false statement on this form could result in the rejection of the application.

If granted licensure as a dental hygienist in the province of Saskatchewan, I will faithfully undertake to practice in accordance with provincial legislation, the Bylaws under The Dental Discipline Act, and established Competencies, Practice Standards, Code of Ethics and Continuing Competency Program Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

### **FOR RENEWAL PURPOSES:**

**PLEASE RETURN COMPLETED APPLICATION for LICENSE RENEWAL  
AND APPROPRIATE FEES  
By Friday January 6, 2012**

**TO: REGISTRAR, SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION  
114-3502 TAYLOR STREET EAST  
SASKATOON, SK S7H 5H9**

**CHEQUES OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE  
SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION (SDHA) AND CAN BE POST-DATED TO JANUARY 15<sup>TH</sup>.**

**PLEASE NOTE THAT A LATE FEE OF \$100.00 WILL BE APPLIED TO LICENSE RENEWAL APPLICATIONS  
RECEIVED AFTER JANUARY 15, 2012.**

