

10. **OTHER POST SECONDARY EDUCATION:** (current or complete):

11. Are you a holder of a Written Part A Certificate issued by the National Dental Hygiene Certification Board? Yes
(If yes, attach a notarized copy of your National Dental Hygiene Certification Board Certificate) No
12. Did you graduate from a dental hygiene program that was not accredited by the **Canadian Commission on Dental Accreditation**? If yes, you are required to complete a Practical Examination provided by a program that has been approved by the SDHA Council. If you have not successfully completed a practical examination your registration form will "pending" until one is completed and proof of completion is submitted. Yes
 No
13. Have you attempted a Practical Exam/Clinical Competency Assessment in another jurisdiction? Yes
*If yes, please describe: **Date of Attempt(s):** 1: _____ 2: _____ 3: _____ 4: _____*
***Results of Attempt(s):** 1: _____ 2: _____ 3: _____ 4: _____*
(If successfully completed, attach a notarized copy of your Practical Examination Certificate) No
14. Has your entitlement to practice dental hygiene ever been limited, restricted, suspended or cancelled? Yes
If yes, explain: _____ No
15. Have you ever been convicted of a criminal offence for which you have not received a pardon for? Yes
If yes, explain: _____ No
16. At the time of application, is any review, investigation or proceeding (including criminal proceedings) taking place, which could result in the suspension or cancellation of your entitlement to practice dental hygiene? Yes
If yes, explain: _____ No
17. Do you suffer from any condition that may affect your ability to practice dental hygiene or constitute a risk to clients? If yes, explain: _____ Yes
_____ No
18. **LIST ANY JURISDICTION(S) WHERE YOU ARE CURRENTLY OR WERE PREVIOUSLY REGISTERED AS A DENTAL HYGIENIST**
Province or State: _____ Country _____ Year: _____ Registration No: _____
Province or State: _____ Country _____ Year: _____ Registration No: _____

DECLARATION STATEMENT

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 registration 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

Attachments Required:

- Fees - \$100.00 (Registration Fee)
- Notarized copy of diploma
- Notarized copy of National Dental Hygiene Certification Board Certificate
- For new graduates, confirmation of CDHA Entry-to-Practice Membership/Insurance (copy of CDHA card or email)
- Copy of Local Anaesthesia Certificate (Not applicable for SIAST Graduates)
- Letter of Good Standing; **Or**
 - If applying for initial registration and are a graduate from a **non-accredited** dental hygiene program, a notarized copy of Practical Examination Certificate must be provided;
 - If not licenced in any jurisdiction, for up to 36 months; proof of 50 Continuing Education Credits (30 from Category A –Dental Hygiene Practice) from within the last three-years
 - If not licensed in any jurisdiction for more than 36 months, a notarized copy of confirmation of successful completion of a SDHA Council recognized Re-entry Program.