



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8th Street East
Saskatoon, SK S7H 0R9

Tel (306) 931-7342 Fax (306) 931-7334
E-mail: sdhaadmin@sasktel.net

REQUEST for CONTINUING COMPETENCY PROGRAM CREDITS

PLEASE RETAIN ONE BLANK COPY OF THIS FORM FOR PHOTOCOPYING PURPOSES

General Information:

1. SDHA members (Full and Non-practicing) must obtain a minimum 45 Continuing Competency credits in a 3-year period. A minimum of 30 credits must be obtained in Category A – Dental Hygiene Practice.
2. Continuing Competency activities/programs must be completed within your reporting period to be eligible for credit. Credit hours in excess of those required in a 3-year cycle cannot be carried forward to a subsequent period.
3. Requests for credits must be submitted within 120 days of completion of the program/activity to be eligible.
4. Programs or activities will generally be accepted at hour for hour credit unless otherwise stated.
5. A maximum of 10 credits per 24-hour period may be claimed.
6. No one course/activity may qualify for more than 25 credits.
7. Completing this form:
 - a. Complete the form below
 - b. Attach evidence of attendance or completion for each program/activity
 - c. Make a photocopy of the form for your records
 - d. Mail/fax/email completed forms and supporting documentation to the SDHA
8. Incomplete requests will be returned to the member.
9. If you are unsure if a program/activity applies for Continuing Competency credit, contact the Registrar for pre-approval.
10. A Personal Learning Tool (PL Tool) form must be completed for each program/course. Each member must retain his/her completed PL Tools for the full reporting period. An audit of members will take place at the end of each reporting period and if requested, PL Tools that correspond with Continuing Competency credits must be submitted. 5 credit hours will be allotted for PL Tool completion. These credits will be issued in the last year of one's 3 year reporting period.
11. For a more thorough description of the policies above, please refer to the SDHA Continuing Competency Guidelines document.

Name: _____ SDHA Registration# _____

Address: _____
Street City Postal Code

Telephone: Home _____ Work: _____ Email: _____

Program/Activity Title: _____

Presenter's Name: _____

Sponsoring Organization/Institution/Association: _____

Please check appropriate category:

A. Dental Hygiene Practice B. Practice Management C. Professional Involvement/Volunteer

Hours attended/credits requested: _____ Date of Course: _____

I hereby certify that I have attended the program or participated in the activity described above for the number of hours stated.

Signature of Applicant

Date