



# SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8<sup>th</sup> Street East  
Saskatoon, SK S7H 0R9

Tel 306-931-7342 ext 2 - Fax 306-931-7334  
E-mail: sdhaadmin@sasktel.net

### For Office Use Only:

Date Received: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
SDHA Number: \_\_\_\_\_  
CDHA Number: \_\_\_\_\_  
MST ID: \_\_\_\_\_  
License Type: \_\_\_\_\_  
Approved by: \_\_\_\_\_

## **APPLICATION FOR LICENSE RENEWAL**

SUBMIT COMPLETED APPLICATION FORM, REQUIRED DOCUMENTS AND FEES TO:

**REGISTRAR, SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION**  
**1024 8<sup>th</sup> Street East, Saskatoon, SK, S7H 0R9**

**CHEQUES/MONEY ORDERS SHOULD BE MADE PAYABLE TO: THE SK DENTAL HYGIENISTS' ASSOCIATION**

For further information call SDHA at: 306-931-7342, ext 2 or Email: [sdhaadmin@sasktel.net](mailto:sdhaadmin@sasktel.net) Fax: 306-931-7334

**As membership in the Canadian Dental Hygienists' Association (CDHA) is a requirement in Saskatchewan, this application form will also serve as your CDHA Membership Renewal.** Your CDHA membership offers many benefits, one of which is your malpractice insurance coverage. In accordance with Section 49 of the SDHA Regulatory Bylaws, every dental hygienist holding a license to practice must be insured against liability for negligence in an amount of at least one million dollars per occurrence.

I am applying for:  Full License (\$610.00)  Conditional License (\$610.00)  Non-practicing License (\$305.00)

<b>Name</b>	_____	_____	_____	_____
	Surname	First Name	Middle Name	Former or Other Surnames (List all, if applicable)
<b>Address:</b>	_____	_____	_____	_____
	Street	City	Province	Postal Code
<b>Telephone</b>	_____	_____	_____	_____
	Residence	Work	Mobile/Other	Email

### LANGUAGE PROFICIENCY

Primary Language  English  French  Other: \_\_\_\_\_

Language of your dental hygiene education  English  French  Other: \_\_\_\_\_

Language in which you practice  English  French  Other: \_\_\_\_\_

### ADVANCED DENTAL HYGIENE KNOWLEDGE AND SKILLS:

In the past year, have you successfully completed a dental hygiene module or continuing competency program which included didactic and clinical education in any of the following areas? **(If you have completed a module/course, and have not already submitted a Certificate of Completion, please do so with this form)**

**a. Administration of Local Anaesthetic**  Yes  No Date Completed: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

**b. Restorative Procedures**  Yes  No Date Completed: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

**c. Orthodontic Procedures**  Yes  No Date Completed: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_

**Have you completed a post-secondary diploma or degree program since you last renewed your SDHA License?**

Yes    No   Date awarded \_\_\_\_\_   **Credential** \_\_\_\_\_  
(dd/mm/yyyy)  
**Name of Institution:** \_\_\_\_\_

**Specializing in:**

- Education    Management/Administration    Community Health/Hospital    Research  
 Other \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Employed in Dental Hygiene</b><br><br><b>Employed in Another Field and</b><br><input type="checkbox"/> Seeking employment in dental hygiene<br><input type="checkbox"/> Not seeking employment in dental hygiene | <b>Not Employed and</b><br><input type="checkbox"/> Seeking employment in dental hygiene<br><input type="checkbox"/> Seeking employment in another field<br><input type="checkbox"/> On maternity leave<br><input type="checkbox"/> On disability leave<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Other _____ |
|--|---|

**EMPLOYMENT STATUS/DENTAL HYGIENE PRACTICE: Please indicate all current dental hygiene employment/practice, listing the primary employer/practice first. If space is insufficient, please attach a page.**

Name of Employer: _____		Street Address: _____	
City, Town, Village: _____	Province: _____	Postal Code: _____	Business Telephone: _____ (   )
<b>Current Position</b> <input type="checkbox"/> Full-time permanent (>30 hours per wk) <input type="checkbox"/> Part-time permanent <input type="checkbox"/> Full-time temp/contract <input type="checkbox"/> Part-time temp/contract  <b>Hours per Week:</b> _____	<b>Practice Setting</b> <input type="checkbox"/> General dentistry <input type="checkbox"/> Specialty dentistry (specify) _____ <input type="checkbox"/> Community health <input type="checkbox"/> University/Technical Institute <input type="checkbox"/> Hospital/ Long-term care facility <input type="checkbox"/> Other (specify) _____	<b>Area of Responsibility</b> <input type="checkbox"/> Direct patient care <input type="checkbox"/> Administration <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consulting <input type="checkbox"/> Other (specify) _____	

Name of Employer: _____		Street Address: _____	
City, Town, Village: _____	Province: _____	Postal Code: _____	Business Telephone: _____ (   )
<b>Current Position</b> <input type="checkbox"/> Full-time permanent (>30 hours per wk) <input type="checkbox"/> Part-time permanent <input type="checkbox"/> Full-time temp/contract <input type="checkbox"/> Part-time temp/contract  <b>Hours per Week:</b> _____	<b>Practice Setting</b> <input type="checkbox"/> General dentistry <input type="checkbox"/> Specialty dentistry (specify) _____ <input type="checkbox"/> Community health <input type="checkbox"/> University/Technical Institute <input type="checkbox"/> Hospital/ Long-term care facility <input type="checkbox"/> Other (specify) _____	<b>Area of Responsibility</b> <input type="checkbox"/> Direct patient care <input type="checkbox"/> Administration <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consulting <input type="checkbox"/> Other (specify) _____	

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GOOD CHARACTER and FITNESS TO PRACTICE	
1. Have you ever been convicted of a criminal offence in any jurisdiction? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any registration or license entitling you to practise dental hygiene or any other health profession in any province, territory, state or country ever been limited, restricted, suspended or cancelled? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been denied registration or imposed conditions on your dental hygiene practice in another jurisdiction? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 as a dental hygienist or in a health profession other than dental hygiene? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you affected by a physical, mental or emotional condition or disorder that may impair your ability to provide dental hygiene services in a safe and competent manner? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you affected by an addiction to alcohol, drugs, or other chemicals that may impair your ability to provide dental hygiene services in a safe and competent manner? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION**

I \_\_\_\_\_, of \_\_\_\_\_  
(Print full name) (City, Town)

**DO SOLEMNLY DECLARE THAT:**

- I am the person applying for registration as a Registered Dental Hygienist in Saskatchewan;
- The information provided on this form and its attachment is correct, complete and true in every respect;
- I understand this declaration has the same significance as giving one under oath;
- I understand my application for registration and licensure may be refused, denied or cancelled if I have provided any inaccurate information;
- I understand that the information I have provided may be verified by the SDHA and I authorize the SDHA to seek additional information from third parties such as educational institutions, regulatory agencies, employers, or other sources as necessary in order to process my application and, I also authorize all such institutions, agencies or other sources to release such information to the SDHA;
- I understand that in order to practise dental hygiene in Saskatchewan, I am required by law to be registered and licensed with the SDHA, before I commence employment;
- 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

**PLEASE RETURN COMPLETED APPLICATIONS AND APPROPRIATE FEES  
By MONDAY, OCTOBER 17, 2016**

**TO: REGISTRAR, SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION  
1024 8<sup>TH</sup> STREET EAST  
SASKATOON SK S7H 0R9**

**CHEQUES OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE  
SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION (SDHA) AND CAN BE POST-DATED TO OCT. 17, 2016.**

**PLEASE NOTE THAT A LATE FEE OF \$100.00 WILL BE APPLIED TO LICENSE RENEWAL APPLICATIONS  
POSTMARKED AFTER OCTOBER 17, 2016.**

