



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8th 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 REGISTRATION & LICENSURE
PLEASE READ THE "REGISTRATION AND LICENSURE INFORMATION FOR APPLICANTS" DOCUMENT
PRIOR TO COMPLETING THIS APPLICATION

SUBMIT COMPLETED APPLICATION FORM, REQUIRED DOCUMENTS AND FEES TO:
REGISTRAR, SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION
1024 8th Street East, Saskatoon, SK S7H 0R9
CHEQUES/MONEY ORDERS SHOULD BE MADE PAYABLE TO: THE SK DENTAL HYGIENISTS' ASSOCIATION
Please allow 2-3 weeks for application processing
For further information call SDHA at: 306-931-7342, ext 2 or Email: sdhaadmin@sasktel.net Fax: 306-931-7334

I am applying for:	REGISTRATION	<input type="checkbox"/> Full Registration	OR	<input type="checkbox"/> Restricted Registration
	<u>AND</u> LICENSE	<input type="checkbox"/> Full License	<input type="checkbox"/> Conditional License	<input type="checkbox"/> Non-practicing License
		<input type="checkbox"/> New Graduate (Full or Conditional)		<input type="checkbox"/> Temporary License

1. Name	_____	_____	_____	_____
	Surname	First Name	Middle Name	Former Name or Other Surnames (List all-if applicable)
2. Address:	_____	_____	_____	_____
	Street	City	Province	Postal Code
3. Telephone	_____	_____	_____	_____
	Residence	Work	Mobile/Other	Email
4. Gender	<input type="checkbox"/> Female	5. CDHA Number:	6. Date of Birth: ____/____/____ (dd/mm/yyyy)	
	<input type="checkbox"/> Male	_____		
7. Citizenship:	<input type="checkbox"/> Permanent Resident	Country _____	Work Permit: _____	
	<input type="checkbox"/> Temporary Resident			

8. GOOD STANDING TO PRACTICE DENTAL HYGIENE

Please check one:

I have never been registered/licensed to practice dental hygiene in any other jurisdiction.

OR

I have previously been or am currently registered/licensed to practice dental hygiene in another jurisdiction.

LIST ANY/ALL 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: _____

An original Letter of Good Standing must be mailed directly to the SDHA office from each previous and/or current jurisdiction(s) listed above.

9. DENTAL HYGIENE EDUCATION: (Attach a notarized copy of your diploma)			
Credential	Name of Academic Institution	Graduation Month/Year	Full Name on Credential
<input type="checkbox"/> Diploma			
<input type="checkbox"/> Degree			

10. SUMMARY OF OTHER POST SECONDARY EDUCATION:			
Credential	Name of Academic Institution	Graduation Month/Year	Full Name on Credential

11. ADVANCED DENTAL HYGIENE KNOWLEDGE AND SKILLS:

Have you successfully completed a post-graduate dental hygiene module or graduated from a program of dental hygiene that offered any of the following? *(If you have completed a post-graduate Module, attach a copy of your Certificate of Completion)*

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: _____

12. EXAMINATIONS

National Dental Hygiene Certification Board (NDHCB)

I wrote the Canadian National Dental Hygiene Certification Board Examination (NDHCE) on ___/___/___ (dd/mm/yyyy) and the examination results are not yet available.

I passed the Canadian National Dental Hygiene Certification Board Examination (NDHCE) on ___/___/___ (dd/mm/yyyy) and am certified with the National Dental Hygiene Certification Board.

I have not yet attempted or passed the Canadian National Dental Hygiene Certification Board Examination.

Clinical Examination

If you graduated from a dental hygiene program that was **not** accredited by the **Canadian Commission on Dental Accreditation** you are required to complete a Clinical Examination approved by the SDHA. If applicable:

I have passed a Clinical Examination:

- On ___/___/___ (dd/mm/yyyy)
- At _____ (Name of Institution) in the province of _____.

If successfully completed, attach a notarized copy of your Clinical Examination Certificate or a letter from the Canadian jurisdiction where the Clinical Examination took place.

I have attempted a Clinical Examination and was unsuccessful.

- **Date of Attempt(s):** 1: _____ 2: _____ 3: _____ 4: _____

I have never attempted a Clinical Examination in any Canadian jurisdiction.

13. LANGUAGE PROFICIENCY

Primary Language	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other: _____
Language of your dental hygiene education	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other: _____
Language in which you practice	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other: _____
Language in which you completed the NDHCE	<input type="checkbox"/> English	<input type="checkbox"/> French	
English competency test completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, date completed: _____

14. CURRENT EMPLOYMENT STATUS

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

15. EMPLOYMENT HISTORY

List dental hygiene employment for the most recent three (3) years, listing the most recent employer first. If space is insufficient, please attach a page. This information may be verified for accuracy.

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

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

Employed from: Month _____ Year _____ TO Month _____ Year _____

Name of Employer: _____ Street Address: _____

City, Town, Village: _____ Province: _____ Postal Code: _____ Business Telephone: _____
()

Position	Practice Setting	Area of Responsibility
<input type="checkbox"/> Full-time permanent (>30 hours per wk)	<input type="checkbox"/> General dentistry	<input type="checkbox"/> Direct patient care
<input type="checkbox"/> Part-time permanent	<input type="checkbox"/> Specialty dentistry (specify) _____	<input type="checkbox"/> Administration
<input type="checkbox"/> Full-time temp/contract	<input type="checkbox"/> Community health	<input type="checkbox"/> Teaching
<input type="checkbox"/> Part-time temp/contract	<input type="checkbox"/> University/Technical Institute	<input type="checkbox"/> Research
Hours per Week: _____	<input type="checkbox"/> Hospital/ Long-term care facility	<input type="checkbox"/> Consulting
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

16. SUMMARY OF PRACTICE HOURS					
Summary of practice hours in the most recent three years. Begin with the most recent year:	Year				Total Hours
		Hours			

GOOD CHARACTER and FITNESS TO PRACTICE

17. Have you ever been convicted of a criminal offence in any jurisdiction? If yes, please explain: Yes
 No

18. 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: Yes
 No

19. Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction? If yes, please explain: Yes
 No

20. Have you ever been denied registration or imposed conditions on your dental hygiene practice in another jurisdiction? If yes, please explain: Yes
 No

21. 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 student, dental hygienist or in a health profession other than dental hygiene? If yes, please explain: Yes
 No

22. 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: Yes
 No

23. 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: Yes
 No

YOU MUST NOT BEGIN PRACTICE IN SASKATCHEWAN UNTIL YOU ARE REGISTERED AND LICENSED WITH THE SDHA. However, if you have arranged future employment as a dental hygienist in Saskatchewan, please indicate:

Name of Employer: _____ Street Address: _____

City/Town: _____ Postal Code _____ Business Phone _____ Projected Start Date _____

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

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

If you are:

- **A new graduate who is a student member of CDHA:** Your initial SDHA License will not include your CDHA Membership. Please contact the CDHA at 1-800-267-5235 to convert your current membership. Upon SDHA License Renewal (by October 31st annually), your CDHA Membership/Liability Insurance will be included in your SDHA license fee and automatically renewed at that time.
- **A new graduate who is NOT a student member of CDHA:** You will either:
 - Need to acquire New Graduate CDHA Membership/Liability Insurance through CDHA and provide proof of such membership/insurance.
 - Not be eligible to apply for a New Graduate License with the SDHA. Applying for a Full or Conditional License would provide an Active CDHA Membership/Liability Insurance.
- **An applicant who is already a member of CDHA in another province:** You must apply for and pay the appropriate fees for a Full, Conditional or Non-practising License. The CDHA will be notified that you are dually registered in another province and they will reimburse any overpayment.

PAYMENT OF FEES: It is recommended that you enclose 2 cheques or money orders – one for the **Application Review Fee**, which is non-refundable (to be deposited upon receipt of your application) and one for the **SDHA Registration and License Fees** (to be deposited upon granting an SDHA license and registration).

FEES:

Application Review Fee (NON-REFUNDABLE)	\$100.00	<input type="checkbox"/>
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AND

SDHA Registration Fee	\$150.00	<input type="checkbox"/>
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AND - Choose one of the following:

Annual License Fee		
<ul style="list-style-type: none"> • Full License (qualified to administer local anaesthesia) 	\$610.00	<input type="checkbox"/>
<ul style="list-style-type: none"> • Conditional License (not qualified to administer local anaesthesia. Allowable for a maximum of two years from the initial registration date to become qualified to administer local anaesthesia). 	\$610.00	<input type="checkbox"/>
<ul style="list-style-type: none"> • Non-Practising License (Applicant must qualify for a Full or Conditional License and chose not to practice in Saskatchewan during the current licencing period. 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. 	\$305.00	<input type="checkbox"/>
<ul style="list-style-type: none"> • New Graduate License (May be granted to an applicant that has not been registered/licensed in any other jurisdiction and is submitting an application in the same calendar year as graduation from a dental hygiene program). 	\$305.00	<input type="checkbox"/>
<ul style="list-style-type: none"> • Temporary License (valid for no more than 2 months and only for the purpose of participating in or conducting a clinical course, study club, or research program) 	\$305.00	<input type="checkbox"/>

CHECKLIST:

Attachments Required:

- Fees:
 - Application Review Fee - \$100.00 (Non-refundable)
 - Registration Fee - \$150.00
 - Annual License Fee
- Notarized copy of dental hygiene diploma/degree
- Notarized copy of National Dental Hygiene Certification Board Certificate
- Notarized copy of Local Anaesthesia Certificate (Not applicable for SK Polytechnic Graduates)
- Copy of government issued photo identification (Driver's License or Passport)

Additional Requirements for specific applicants:

- For new graduates***, confirmation of New Graduate CDHA Membership/required malpractice Insurance (copy of CDHA card or email)
- For applicants who have been registered/licensed in another jurisdiction***, an original Letter of Good Standing must be mailed directly to the SDHA office from each previous and/or current jurisdiction(s) listed above.
- For graduates from a non-accredited dental hygiene program***, a notarized copy of Practical Examination Certificate
- For individuals not licensed in any jurisdiction, or have not practised for more than 36 months***, confirmation of a successful SDHA Council recognized currency program. Please contact the Registrar for guidelines/options to demonstrate currency of practice.