



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

REQUEST FOR LETTER OF GOOD STANDING/CERTIFICATE OF PROFESSIONAL CONDUCT

Please complete the following form and attach any additional required forms from the province you are requesting a letter of good standing for (CRDHA and CDHO). A fee of \$25.00 will apply for any Letter of Good Standing/Certificate of Professional Conduct issued. Please see payment information below. FAX or Email COMPLETED FORMS TO THE SDHA @ 306 931-7334 or sdhaadmin@sasktel.net

I _____, (print name) request a Letter of Good Standing/Certificate of Professional Conduct to be sent _____ (Province/Jurisdiction).

Address to be mailed: _____

This document serves to summarize my registration and license history with the Saskatchewan Dental Hygienists' Association, and will include information relating to my conduct as a dental hygienist in the Province of Saskatchewan for the time I was registered/licensed there.

Signature: _____ Date: _____
dd/mm/yyyy

PAYMENT INFORMATION

1. **CHEQUE/MONEY ORDER:** Please make cheque payable to SDHA in the amount of \$25.00. Mail completed form and cheque to: SDHA, 1024 8th Street East, Saskatoon, SK S7H 0R9.

2. **CREDIT CARD:** VISA MASTERCARD

Cardholder Name:	
Credit Card No.	
Expiry Date:	
CVD (number on back)	
Address	
Email Address	
Signature:	