Fee Increase Announced for 2017

Seven-Step “Look and Feel” Oral Cancer Screening

Illegal Practice Is a Serious Matter
The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

La mission de l’Ordre des hygiénistes dentistes de l’Ontario consiste à réglementer l’exercice de la profession d’hygiène dentaire de sorte à favoriser l’état de santé global et la sécurité du public ontarien.
PRESIDENT’S MESSAGE

Jennifer Turner RDH, BSc

The CDHO Council has continued to work diligently at the committee level, and as a whole, working on Policy Governance and Strategic Planning. Early this year Council attended a two-day workshop titled “Advanced Concepts in Regulatory Governance”, facilitated by the Council on Licensure, Enforcement and Regulation (CLEAR). Sessions such as this are provided for Council to ensure that we have the foundation for effective regulatory governance. Thanks to a very informative two days, Council came away with strategies for dealing with some of its specific challenges including dealing with transition, facilitating positive communication and increasing transparency to the public.

On Friday, January 22, 2016 Council held its elections for the 2016 Executive Committee. I was re-elected as President and Cindy MacKinnon was elected as Vice-President. Bev Woods, Tote Quizan and Fernand Hamelin were elected to complete the Executive Committee which is made up of three professional and two public members. We are happy to have Gail Marion and Evie Jesin on Council as newly elected Professional Members and Saeed Walji as our latest Public Appointment.

On March 4, 2016 Council voted to amend Bylaw 5 Article 16.2 as follows: annual fees for a general or specialty certificate will be $400.00 and annual fees for an inactive certificate will be $200.00. These changes will come into effect for the registration period starting January 1, 2017. This proposal also sees an increase to the general and speciality certificate by an additional $15.00 in 2020, and $20.00 in 2023. Council is invested in self-regulation and recognizes the cost of meeting its regulatory obligations and is confident that the ten-year projection plan will support the College’s needs.

Council based their decision on a Financial Forecasting Report obtained from the accounting firm Hilborn LLP. This is the first fee increase in the 22-year history of the College. Council would like to thank the 1% of registrants that participated in the stakeholder consultation. It was obvious from the feedback that some additional education needs to be provided to registrants so that they can gain a better understanding of what self-regulation means and how their fees go to support regulatory processes that are mandated to the College and profession through self-regulation. I hope this issue of Milestones addresses some of the concerns raised. Financial Forecasting has been on Council’s radar for the past four years and has been discussed in the open public forum at our Council meetings.

On behalf of Council, I would like to remind you that you are always welcome to attend our Council meetings and/or participate in the upcoming elections for Professional Members in certain districts this coming November 2016. More details from the Registrar will follow, closer to the election time.

Kindest regards,
Jennifer Turner, RDH, BSc
President
Last year, the College began its journey with the articulation of our Strategic Ends and the creation of a strategic framework that became the pathway towards achieving

1. Safe, Quality Professional Practice
2. Access to Regulatory Process Effectiveness
3. Health System and Public Policy Influence.

Our strategic direction for 2015 included program evaluations, data collection, policy development, target setting and increased transparency. It included collaboration with government, government agencies and other regulators. It was also a year of outreach and consultation with stakeholders. 2015 has been a year marked by changes and growth for the College. We identified things we do well (and there are lots) and things we could improve on.

“Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful.”
— Margaret J. Wheatley

The College regulates just over 13,500 dental hygienists which represent more than half of the dental hygienists in Canada. The College’s primary duty is to the public of Ontario and as such, is responsible to see that dental hygienists meet entry-to-practice requirements and remain competent throughout their professional lives. The College must also have a fair and transparent mechanism to deal with complaints about dental hygienists who fall below the expectations of their clients. This College believes that the continuous assessment of these critical areas is necessary in fulfilling our responsibility as regulators. As such, the College participates in both internal and external audits.

For example, we run an internal random audit of our new registration files twice a year to verify that the files contain the required information, that data entry is complete and that
the timelines in processing were met. In addition, our registration policies and practices are assessed by the Office of the Fairness Commissioner and the resulting report is a public document.

“The thing is, continuity of strategic direction and continuous improvement in how you do things are absolutely consistent with each other. In fact, they’re mutually reinforcing.”

— Michael Porter

In 2015, the College initiated a legal audit of our Inquires, Complaints and Reports department to ensure that ICRC’s structure and ongoing operations were consistent with the obligations of the College under the statutes. As a result, improvements have been made to our processes resulting in a more efficient turnaround time for decisions and reasons. Reporting and monitoring, as part of our ongoing compliance and prevention program, have also been enhanced post audit.

College communications have also been assessed and I am pleased to report that communication with registrants is something that the College also does well. Registrants reported a high degree of satisfaction with publications such as *Milestones* and the E-Brief and are happy with the services provided by the College’s practice advisors.

The launch of a fully bilingual website with an emphasis on public information is right around the corner. The new website was designed to improve navigation and increase access to information. In addition, the public register now contains more information about registrants allowing for a more informed public.

Moving into 2016, our strategic direction will continue to ensure that dental hygiene services are delivered by professionals who are safe and competent. We are committed to finding ways to improve our regulatory effectiveness and transparency at all levels. Stakeholder engagement and public education about oral health remain a priority for this College. And, as always, this College looks forward to working with the Minister and his Ministry to improve health quality for Ontarians.
Council voted to amend Bylaw 5 Article 16.2 as follows: **annual fees** for a general or specialty certificate will be $400.00 and annual fees for an inactive certificate will be $200.00. These changes will come into effect for the registration period starting January 1, 2017. Council based their decision on a Financial Forecasting Report obtained from the accounting firm Hilborn LLP. This is the **first fee increase** in the history of the College.

Council approved the **Registrar’s monitoring report** on the Ends and the Financial Condition as evidence of compliance with the policies. Council also approved a number of policies related to governance processes and Council-Registrar delegation.

The **Quality Assurance Committee** reported that for the 2016 Assessment year, the QA stream selected were as follows: 86% chose Path 1 (learning portfolio and practice profile), 14% chose Path 2 (practice profile and NDHCB QA test) and only 1 person chose Path 3 (NDHCB QA test and onsite practice review).

The **Registration Committee** reported that in the time period December 4, 2015 to February 17, 2016, 76 new applicants were registered to practise, 346 registrants resigned and 45 registrants were revoked.
The Inquiries, Complaints and Reports Committee (ICRC) reported that since the December Council meeting, it has received 2 complaints and began 7 Registrar Report investigations. In total, the ICRC is currently investigating 13 matters including 5 formal complaints and 8 Registrar Report investigations.

The Discipline Committee reported that a Panel of the Committee found Ms. Laila Osobleh guilty of professional conduct.

Mr. Irwin Fefergrad, Registrar for the Royal College of Dental Surgeons of Ontario, gave a presentation to Council entitled “International Labour Mobility — Pitfalls for the Public”.

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2016 Council Meeting Dates

Friday, June 3, 2016 – 9:00 a.m. to 4:00 p.m.
Friday, September 30, 2016 – 9:00 a.m. to 4:00 p.m.
Friday, December 2, 2016 – 9:00 a.m. to 4:00 p.m.

Venue: One King West
http://www.onekingwest.com

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CDHO’s New Executive Committee

The CDHO is pleased to announce its 2016 Executive Committee. Elections were held at the first meeting of Council, on January 22nd, with the following results.

Ms. Jennifer Turner
Professional Member, President

Ms. Cindy MacKinnon
Professional Member, Vice-President

Ms. Beverly Woods
Professional Member

Mr. Fernand Hamelin
Public Member

Mr. Tote Quizan
Public Member

The Executive Committee consists of five Council members elected by Council annually. All Council members are eligible for election to the Executive Committee. Three members are registrants of the College and two members are publicly appointed.
New Members of Council

CDHO welcomes three public members of Council for 2016.

Fernand Hamelin has held various roles with the City of Cornwall including Roads Supervisor, Superintendent and Manager. Mr. Hamelin’s community involvement has included serving as a member, Vice-Chair and Chair of the Cornwall Hospital Board. He is a graduate of St. Lawrence College, Cornwall Campus.

Vinay Jain is Director of Legal Services at Unison Health and Community Services. He is also a former Acting Executive Director at Dundurn Community Legal Services. Mr. Jain’s community involvement includes serving as a member of the Income Security Advocacy Clinic. He is a member of the Law Society of Upper Canada and holds an Honours Bachelor of Science degree from the University of Western Ontario and a Bachelor of Laws degree from the University of Ottawa.

Saeed Walji earned a Bachelor of Laws degree from Osgoode Hall Law School and was admitted to the Ontario Bar in 2009. Mr. Walji is currently employed as the Manager of Policy and Governance with the College of Early Educators where he assists on legislative and governance matters. Prior to this, Mr. Walji was employed as an Investigator with the College of Nurses of Ontario. He is a former board member at the Parkdale Community Information Centre, where he served as Vice-Chair and was a member of the policy and program evaluation committees.

Did you know?

Approximately 13,300 registrants prefer receiving Milestones by mail and approximately 2,300 prefer reading it online.
Peer Mentors Wanted for Quality Assurance Program

The College is looking for individuals who would be interested in being a mentor for remediation purposes in the Quality Assurance Program.

The purpose of mentoring within the Quality Assurance Program is to help a dental hygienist who through the Quality Assurance Program, has had deficiencies identified and now requires guidance and support to improve their competence in practice and help them apply the knowledge and principles learned during the dental hygienist’s remediation.

To be a mentor for quality assurance remediation purposes, the dental hygienist must:

- be in good standing with the College.
- have five (5) years’ clinical experience treating clients (and still be involved in clinical practice).
- be authorized for Self-Initiation for a minimum of two (2) years.
- not be a Quality Assurance Assessor and/or Member of CDHO Council.

The role and responsibility of the mentor will be to:

- identify through co-discovery the needs of the mentee.
- develop a plan with the mentee that will establish learning objectives, resources, communication strategies and evaluation of learning outcomes.
- facilitate learning opportunities and advise the mentee of appropriate resources.
- give insight, advice, encouragement and support as needed.
- assess the mentee’s progress and submit written reports to the Quality Assurance Committee as required.

Any costs associated with mentoring another registrant for Quality Assurance Program requirements, are to be paid by the registrant directly to the provider.

If you are interested in being a Mentor in the Quality Assurance Program, please contact Robert Farinaccia, Manager of the Quality Assurance Program at 416 961-6234 ext. 237
toll-free 1 800 268-2346,
or by e-mail at rfarinaccia@cdho.org
What Is Orofacial Myology/Myofunctional Therapy (OMT)?

Orofacial Myology, which is sometimes called Orofacial Myofunctional Therapy, is about recognizing and treating orofacial myofunctional disorders. According to the International Association of Orofacial Myology “Orofacial myofunctional disorders involve behaviours and patterns created by inappropriate muscle function and incorrect habits involving the tongue, lips, jaw and face. Of the many possible myofunctional variations, those involving the tongue and lips receive the most attention.”

Behaviours and patterns created from improper muscle use and function, posture at rest or habits involving the tongue, lips, face and jaw may result in orofacial myofunctional disorders. The disorders may result from one or a combination of: nail/cheek biting, pen/pencil chewing, thumb sucking, tongue thrusting, structural or physiological abnormalities (short lingual frenum) and restricted airways. These habits may have deleterious effects on a client’s muscles function resulting in mouth breathing, improper chewing or dysfunctional swallowing, among others.

The ultimate goal of therapy is to correct or eliminate dysfunctional habits by attaining a proper lip seal resulting in an improvement in the position and tone of the tongue and oropharynx; and a normalization of the freeway space. Improper lip seal or abnormal freeway spaces are known to contribute to orthodontic relapse, malocclusion, and psychological, cosmetic, or structural issues. Ideally, these corrections or eliminations will result in the promotion of proper swallowing, chewing and nasal breathing. Treatment typically consists of muscle exercises designed to re-educate or re-pattern the muscles in the orofacial complex. It often includes behaviour modification techniques to promote positive growth and/or training to teach clients how to properly position their tongue at rest allowing them to chew and swallow correctly.
Orofacial Myology/Myofunctional Therapy (OMT) Working Group

As a result of the rising interest from Ontario dental hygienists in Orofacial Myofunctional Therapy (OMT), a working group was formed by the College to consider the question of scope of practice.

The working group consisted of dental hygienists in and out of province, dental hygiene educators, an association representative, an OMT educator, and the College of Audiologists and Speech-Language Pathologists of Ontario.

Scope of Practice

The scope of practice model is set out in the *Regulated Health Professions Act, 1991 (RHPA)*. The *Dental Hygiene Act, 1991 (DHA)* defines the scope of practice of dental hygiene as:

“…the assessment of teeth and adjacent tissues and treatment by preventative and therapeutic means and the provision of restorative and orthodontic procedures and services.”

The College of Nurses of Ontario describe this model saying that “each regulated health profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. The scope of practice statement is not protected in the sense that it does not prevent others from performing the same activities. Rather, it acknowledges the overlapping scope of practice of the health professions.”

The members of the Working Group held a fulsome discussion as to whether or not OMT is encompassed within the dental hygienists’ scope of practice as defined in the *Dental Hygiene Act, 1991 (DHA)*. The group looked at conditions, procedures and/or treatment modalities and compared them to the DHA scope statement and assessed whether additional training would be required. They also took into consideration whether or not treatments involve controlled acts. The results are shown below:

<table>
<thead>
<tr>
<th>Condition Being Treated</th>
<th>Within Scope?</th>
<th>Additional Training Required?</th>
<th>Controlled Act?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour modification</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Promote lip seal</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Promote palatal tongue rest position</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Promote posterior tooth together swallow</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Facilitate nasal breathing</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Correct dysfunctional habit patterns</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tight lingual frenum attachments</td>
<td>No</td>
<td>Not applicable</td>
<td>Not considered</td>
</tr>
<tr>
<td>Speech problems</td>
<td>No</td>
<td>Not applicable</td>
<td>Not considered</td>
</tr>
<tr>
<td>Snoring</td>
<td>No</td>
<td>Not applicable</td>
<td>Not considered</td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td>No</td>
<td>Not applicable</td>
<td>Not considered</td>
</tr>
<tr>
<td>TMD</td>
<td>No</td>
<td>Not applicable</td>
<td>Not considered</td>
</tr>
</tbody>
</table>

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1 Dental Hygiene Act, 1991
Without exception, members of the group, including the College of Audiologists and Speech Language Pathology of Ontario (CASLPO) representative, unanimously agreed that OMT is within the scope of practice of Ontario dental hygienists. The Committee noted that this therapy also falls under the scope of speech language pathology and that it may be in scope for other professions in Ontario. With due consideration, in December 2015, Council recognized OMT to be within a dental hygienist’s scope of practice.

*With due consideration, in December 2015, Council recognized OMT to be within a dental hygienist’s scope of practice.*

The CASLPO representative felt that with proper training, the risk of harm to the public is very minimal, particularly when appropriate referrals are made for conditions not in scope. The group was in agreement on this approach. Dental hygienists should be conscious when selecting education that they are aware of conditions that are within their scope of practice and remain within these limits.

When considering training, the dental hygienists should do their research and choose appropriate courses that fulfill the standards of practice guidelines.

**How Can the Dental Hygienist Prepare? (training)**

OMT is currently not included in the dental hygiene curriculum, however, appropriate education/training and the ability to demonstrate competency are necessary prior to incorporating the therapy into a dental hygiene practice. The CDHO does not regulate or approve courses, therefore, it is the registrant’s responsibility to ensure they possess the knowledge and competency needed to provide this service while ensuring they are practising within the guidelines of his/her scope of practice. Considering all aspects of the dental hygiene process of care (ADPIE), the dental hygienist would need to decide if there is enough evidence to support the rationale for OMT and whether or not it may complement a client’s dental hygiene care plan. The dental hygienist may want to consider that the public may be affected by affordability of treatment, recognition of the service by insurance companies and/or lack of public education and knowledge about the therapy.

Practitioners would also need to be conscious of crossing over into another profession’s scope and make referrals to an appropriate health professional when indicated and necessary. OMT presents a good opportunity for inter-professional collaboration with speech/language pathologist, or other health-related professional for whom the therapy is also considered in their scope of practice.

**Scope and Training Across Jurisdictions**

Alberta, BC, Saskatchewan and Nova Scotia permit dental hygienists to practise OMT as part of their dental hygiene practice. This represents approximately 8,256 of the dental hygienists in Canada. No additional risk has been associated with this practice.

Of the four Canadian regulatory bodies permitting dental hygienists to practise this therapy, it is interesting to note that only the College of Registered Dental Hygienists of Alberta (CRDHA) requires credentialing from a specific organization.

The remaining regulatory bodies, British Columbia, Saskatchewan and Nova Scotia do not name any specific organization and place the onus on their registrants to obtain appropriate education and to have the ability to demonstrate competency prior to providing this therapy to clients.

**References**


Looking for Educators Interested in Providing Remediation Courses

The College is looking for educators interested in providing courses for remediation/refresher purposes. The objective of a remedial/refresher course is to correct or improve deficient skills in a specific subject area to help practising dental hygienists to meet the College’s standards of practice.

The College refers individual dental hygienists in need of additional education to facilitators, institutions, or agencies who offer remedial, and/or refresher courses. To facilitate the referrals, the College keeps a list of approved courses and may refer registrants to those facilitators/institutions/agencies when a need for remedial learning by a practising dental hygienist is identified.

It must therefore be demonstrated that the course includes verifiable knowledge and/or clinical skills learning outcomes equivalent to the relevant CDHO standards of practice.

To be eligible for inclusion on the referral list, course designers must submit a course outline that meets the approval criteria. In accordance with the Policy on the Approval of Remedial/Refresher Courses, course approvals are valid for one year unless significant changes are made to the course outline or there is a change in the course facilitator. In such case, a new submission for approval will be necessary.

In addition to complete refresher courses for re-entry into practice, the most common areas of specific remedial studies are:

- Dental Hygiene Process of Care
- Record Keeping
- Infection Control
- Radiography
- Evidenced-Based Practice
- Instrumentation and Clinical Skills
- Instrument Sharpening

Please note that CDHO approval is only required for remedial/refresher courses that are prescribed by the Registration, Inquiries, Complaints and Reports, and Quality Assurance Committees. If you provide courses that are not designed for this purpose, CDHO approval is not required and will not be considered.

While an application for course approval will be considered at any time, program referrals for Quality Assurance remediation typically begin in June/July.

If you are interested in submitting a course for remediation/refresher purposes, please contact Cathy Goldberg for the course submission policy, application, and checklist.

For more information, please contact:
Cathy Goldberg, Manager of Programs and Exams
at 416 961-6234 ext. 238
toll-free: 1 800 268-2346
or by e-mail: cgoldberg@cdho.org
FOOLPROOF INSTRUCTIONS ON HOW TO AVOID A COMPLAINT

By Cathy Goldberg, RDH, BEd

Step # 1
There is no foolproof way to avoid a complaint.

Step # 2
Be prepared because anyone can make a complaint about you at any time.

Think about that for a minute …

- Are you ready — if it happens?
- Is there really nothing you can do to avoid a complaint?

The College provides a fair and transparent complaints process for clients who feel they may not have received the care they had the right to expect.

The Inquiries, Complaints and Reports Committee (ICRC) deals with complaints submitted to the College. Typically, the process starts with a call to the College enquiring about a perceived mistreatment by a dental hygienist. The initial advice given usually involves encouraging the client to contact their dental hygienist directly to try to resolve the issue. If the situation cannot be resolved or the client does not want to contact the dental hygienist, then the client is asked to submit a formal complaint.

The complaint must be submitted in writing or recorded on tape, film, disk or another medium. Once a complaint is received the investigation will begin. In most cases, a copy of the complaint will be forwarded to the dental hygienist who will have 30 days to respond. This response will be sent to the person making the complaint. Sometimes the dental hygienist’s response provides enough satisfaction and the complaint is resolved at this stage. However, the ICRC may choose to continue its investigation if it feels that it is in the public interest to do so. If the complaint is not resolved with the dental hygienist’s response, then the ICRC will continue with its investigation.

The ICRC reviews everything gathered during the investigation. After this review, the ICRC may do one or more of the following:

- Require the registrant to appear before a panel of the ICRC to be cautioned
- Refer specified allegations to the Discipline Committee
- Refer the registrant to another Panel of the ICRC for incapacity proceedings
- Require the registrant to complete a specified continuing education or remediation program
- Take action it considers appropriate that is not inconsistent with the RHPA, the Code or bylaws.

In 2015, the CDHO received a variety of complaints concerning registrants. Here are some examples.

Inappropriate Billing

There have been instances where members of the public have called the College because they were concerned about their bill for their dental hygiene treatment.

In hindsight, what could have been done differently?
Here is some advice.

It would be wise to prepare your clients in advance of what the cost would be for their care. Depending on the setting in which you deliver dental hygiene treatment, the fees and method of payment will vary. If you are the owner of the dental hygiene clinic, this discussion should occur at the time the appointment is set. It is important to be transparent. Let your clients know that fees are dependent on several factors, including time and travel if the treatment is to occur in their residence. If you practise in a dental office, the dentist traditionally sets the fees and your clients should be directed to address the fee structure with the dentist or office manager. Additionally, it is in your best interest in the event that your billing is questioned, to document in minutes the amount of time you spent providing services such as scaling and polishing.

All registrants should be aware that being self-regulated means that they, not their employers, are responsible for the care that they render. They are also responsible to ensure that their
treatment records accurately reflect their treatment, the time involved and recommendations made. A regulated health care professional should always put the interest of their clients before their own personal needs or those of their employer. Keeping these issues in mind, dental hygienists are advised to document clearly and to sign or initial at the end of each chart entry. Mistakes happen, and sometimes misrepresentations occur. Errors can be corrected. However, any deliberate falsification of records may be considered professional misconduct and subject to disciplinary action.

**Communication Misunderstandings**

The College has received complaints where people felt that they were spoken to in an unprofessional manner described as disrespectful, rude and/or unsympathetic. People have also complained that the conversation initiated by the dental hygienist was inappropriate. Complaints have surfaced where clients felt their treatment was delivered in a rushed manner where the dental hygienist was not focused on providing the treatment.

**In hindsight, what could have been done differently? Here is some advice.**

Communication is a skill that goes a long way to establishing a positive relationship with your clients. It does not really matter that it was not your intention to be disrespectful, rude or unsympathetic or that it was not your intention that you provided care in an unfocused, rushed way. What needs to be addressed is your client’s perception of your time together. Complaints can be triggered when a concern is handled ineffectively. Use every opportunity as a learning experience to communicate effectively. Make your clients feel that your time together is of utmost importance to you.

**Informed Consent**

There have also been calls from the public where they felt that they did not give consent for the service they received and then were additionally shocked to see a fee for it.

**In hindsight, what could have been done differently? Here is some advice.**

Obtaining proper consent is a process of sharing information while addressing questions and concerns. Inform before you perform. The client’s informed consent for treatment must be obtained and documented. Consent to treatment is informed if, before giving it, the person received the necessary information about the nature of the treatment, the expected benefit of the treatment, the material side effects of the treatment, alternative course of action and the likely consequences of not having the treatment. A dental hygienist should never confuse a signed consent form with obtaining informed consent. A written consent form is simply a piece of paper unless it is read, understood and its implication appreciated.

**In closing:**

**Step # 1**
There is no foolproof way to avoid a complaint.

**Step # 2**
Be prepared because anyone can make a complaint about you at any time.

Treat your clients in the same manner that you wish to be treated. Make sure your clients are billed accurately. Focus on how your communication skills are being interpreted. Obtain proper informed consent. Always make sure that your recordkeeping is transparent, accurate and complete.

**RDH Expertise for RDHs**

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

**416 961-6234 or 1 800 268-2346**

**Cathy Goldberg, RDH**

ext. 238  ■  cgoldberg@cdho.org
On March 4, 2016 Council voted to amend Bylaw 5 Article 16.2 as follows: annual fees for a general or specialty certificate will be $400.00 and annual fees for an inactive certificate will be $200.00. These changes will come into effect for the registration period starting January 1, 2017.

Council struggled with the timing of this increase after hearing from a number of registrants who felt that fees should have been increased earlier and at a more gradual rate. It was obvious that Council did not do a good job over the past six years in letting registrants know that we were subsidising fees with money we had kept in reserve. This reserve money was left over from the money that was placed in investment funds 20 years ago that grew in times of higher interest rates. This money was set aside in reserve in 1994 in anticipation that the College might have to use it to fight the “order” issue.

From 1994 until today, four relevant things happened.

1. Reserve fund monies invested wisely in times of higher interest rates were growing nicely and the College had not had to use them for a fight over the order. Because of this, the College in 2000 decreased registrant fees from $300 (general) to $250; from $350 (specialty) to $250; and from $200 (inactive) to $50.

2. When legislation changed in 2007 allowing the College to authorize its registrants to self-initiate, the rationale for keeping this reserve fund was no longer relevant.

3. In 2009, Council was advised that registrant fees did not generate enough income to cover the costs of running the College and Council decided to use the reserve fund to subsidize 2010 registrant fees. Registrant fees remained stable for the next six years and reserve funds were used to offset the cost of running the College. This was not communicated well to the registrants.

4. The money in the reserve fund was getting close to depletion in 2015 and the College obtained expert advice by way of a Financial Forecasting Report. The report projected costs over the next ten years and considered the (anticipated) slow growth in registration numbers. The report indicated that 2017 was the time to do a correction of the fees to match the actual cost per registrant.

While the need to increase fees did not come as a surprise to Council, it has come as a surprise to most registrants. In hindsight, it would have been a good idea to have shown the true cost of registration and included the fee rebate from the reserve fund on the renewal invoice. At least registrants could have seen the increasing costs of running the College and recognized that their fees were being subsidized each year from the reserve fund. Not having this information has left some believing that College monies have been mismanaged. This is simply not the case. The College finances are healthy and the funds we hold in reserves are aligned with the guidelines of the Canada Revenue Agency. The reserve fund we used to offset a fee increase has been reduced as planned over the last six years.
Breakdown of Fees

We wanted to show how the $394 is being spent.

The College has been drawing down on a reserve fund and as of 2017, this fund will have run its course. As you can see from the diagram to the left, our per-registrant total spend is $394 in 2016. The reserve funds subsidize the overall cost by $144 per registrant (37%).

13,328 registrants – $394.00 budget total per registrant
- 250.00 renewal fee 2016
- 144.00 difference – amount subsidized by reserve fund (37%)

Where Do Fees Go?

In 2017, with inflation being taken into account, we have carefully determined that fees will need to increase to $400.

<table>
<thead>
<tr>
<th>Operational</th>
<th>Amount spent per registrant</th>
<th>Budget %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations (Business Costs)</td>
<td>26.04</td>
<td>59%</td>
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<tr>
<td>Human Resources</td>
<td>163.94</td>
<td></td>
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<tr>
<td>Rent</td>
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<tr>
<td>Information Technology</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$234.00</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Governance Council</th>
<th>Amount spent per registrant</th>
<th>Budget %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulting</td>
<td>6.60</td>
<td>10%</td>
</tr>
<tr>
<td>Training</td>
<td>4.50</td>
<td></td>
</tr>
<tr>
<td>Honorariums and Expenses</td>
<td>27.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$38.10</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programs</th>
<th>Amount spent per registrant</th>
<th>Budget %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>1.10</td>
<td></td>
</tr>
<tr>
<td>ICRC &amp; Discipline</td>
<td>21.95</td>
<td></td>
</tr>
<tr>
<td>Public Education</td>
<td>37.52</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>11.64</td>
<td></td>
</tr>
<tr>
<td>Registration including Jurisprudence</td>
<td>18.68</td>
<td></td>
</tr>
<tr>
<td>Registrant Resources (Milestones)</td>
<td>3.60</td>
<td></td>
</tr>
<tr>
<td>Other Projects</td>
<td>5.25</td>
<td></td>
</tr>
<tr>
<td>CDHO Knowledge Network</td>
<td>4.69</td>
<td></td>
</tr>
<tr>
<td>Translation</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>Fran Richardson Award</td>
<td>0.37</td>
<td></td>
</tr>
<tr>
<td>Contingency Fund</td>
<td>7.50</td>
<td></td>
</tr>
<tr>
<td>Survivors Fund</td>
<td>1.20</td>
<td></td>
</tr>
<tr>
<td>Commission on Dental Accreditation (CDAC)</td>
<td>6.90</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$121.90</strong></td>
<td></td>
</tr>
</tbody>
</table>

...continued on next page
Regional College Fee Comparison

When comparing Ontario’s oral health colleges, College of Nurses of Ontario and the Provincial Dental Hygienist Regulatory Colleges, we prove to be both fiscally and operationally viable.

**Comparison of National Dental Hygiene Colleges**

<table>
<thead>
<tr>
<th>Regulatory Body</th>
<th>Province</th>
<th>Fee in 2014*</th>
<th>Members</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Registered Dental Hygienists of Alberta</td>
<td>AB</td>
<td>$695.00</td>
<td>2800</td>
<td>5</td>
</tr>
<tr>
<td>College of Dental Hygienists of British Columbia</td>
<td>BC</td>
<td>$475.00</td>
<td>3500</td>
<td>12</td>
</tr>
<tr>
<td>College of Dental Hygienists of Manitoba</td>
<td>MB</td>
<td>$420.00</td>
<td>775</td>
<td>5</td>
</tr>
<tr>
<td>New Brunswick College of Dental Hygienists</td>
<td>NB</td>
<td>$495.00</td>
<td>425</td>
<td>1.5</td>
</tr>
<tr>
<td>College of Dental Hygienists of Nova Scotia</td>
<td>NS</td>
<td>$635.00</td>
<td>700</td>
<td>2</td>
</tr>
<tr>
<td>College of Dental Hygienists of Ontario</td>
<td>ON</td>
<td>$250.00</td>
<td>13150</td>
<td>19</td>
</tr>
<tr>
<td>Ordre des hygiénistes dentaires du Québec</td>
<td>QC</td>
<td>$360.00</td>
<td>5600</td>
<td>17</td>
</tr>
<tr>
<td>Saskatchewan Dental Hygienists’ Association</td>
<td>SK</td>
<td>$375.00</td>
<td>575</td>
<td>2</td>
</tr>
<tr>
<td>Registrar, Newfoundland and Labrador Council of Health Professionals</td>
<td>NFDL</td>
<td>$350.00</td>
<td>196</td>
<td>Includes multiple health disciplines</td>
</tr>
</tbody>
</table>

**Comparison of Ontario Oral Health Professionals**

<table>
<thead>
<tr>
<th>Regulatory Body</th>
<th>Fees in 2016</th>
<th>Members (2014)*</th>
<th>Staff</th>
<th>Operating Budget (2014)*</th>
<th>Ratio of Staff to Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Dental Hygienists of Ontario</td>
<td>$250.00</td>
<td>13,426</td>
<td>19</td>
<td>$4,510,025.00</td>
<td>1:706</td>
</tr>
<tr>
<td>College of Dental Technologists of Ontario</td>
<td>$1,495.00</td>
<td>563</td>
<td>6</td>
<td>$835,782.00</td>
<td>1:94</td>
</tr>
<tr>
<td>College of Denturists of Ontario</td>
<td>$2,147.00</td>
<td>624</td>
<td>6</td>
<td>$1,004,335.00</td>
<td>1:104</td>
</tr>
<tr>
<td>Royal College of Dental Surgeons of Ontario</td>
<td>$2,160.00</td>
<td>9,369</td>
<td>87</td>
<td>$21,486,074.00</td>
<td>1:108</td>
</tr>
</tbody>
</table>

**Comparison of Dental Hygienists to Nurses**

<table>
<thead>
<tr>
<th>Regulatory Body</th>
<th>Fees in 2016</th>
<th>Members (2014)*</th>
<th>Staff</th>
<th>Operating Budget (2014)*</th>
<th>Ratio of Staff to Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Dental Hygienists of Ontario</td>
<td>$250.00</td>
<td>13,426</td>
<td>19</td>
<td>$4,510,025.00</td>
<td>1:706</td>
</tr>
<tr>
<td>College of Nurses of Ontario</td>
<td>$175.00</td>
<td>148,678</td>
<td>198</td>
<td>$32,306,516.00</td>
<td>1:751</td>
</tr>
</tbody>
</table>

Membership and operating budgets and fees are based off the individual colleges’ annual reports and website information. *Reported in most current annual report.
Plan for the Future!
- A change in legislation is coming
- Prescribing rights
- Prepare for the qualifying exam

Drugs in Dental Hygiene Practice: A Refresher Course
- Self-Study
- Online
- Free to registrants
- Use towards QA requirements
- Self-build study guide

Learn more by visiting www.cdho.org

The CDHO Knowledge Network
Find the clinical information you need at: www.cdho.org

View our Fact Sheets!
- Angular Cheilitis • Asthma • Bed Bugs • Bell’s Palsy
- Celiac Disease • Chicken Pox • Chlamydia
- Conjunctivitis • Crohn’s Disease • Dental Abscess
- Diabetes Mellitus • Epilepsy • Fifth Disease
- Gonorrhea • Head Lice • Hepatitis A • Hepatitis B
- Hepatitis C • Herpes Simplex • Human Papillomavirus
- Hypertension • Impetigo • Influenza • Lupus
- Lyme Disease • Measles • Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)
- Multiple Sclerosis • Mumps • Oral Cancer
- Oral Candidiasis • Oral Piercing • Osteoarthritis
- Osteoporosis • Parkinson’s Disease • Pregnancy
- Rheumatoid Arthritis • Rubella (German Measles)
- Scabies • Shingles (Herpes Zoster) • Sjögren’s Syndrome
- Strep Throat (Group A Strep) • Syphilis
- Tuberculosis (TB) • Ulcerative Colitis • Xerostomia
SEVEN-STEP “LOOK AND FEEL” ORAL CANCER SCREENING

STEP 1: TONGUE
- Stick out your tongue and hold the end of it with a cloth to give you some grip.
- Move your tongue to the right and then the left and look for any red and white patches.
- Do the same for the top and bottom of the tongue.
- Use your index finger to feel for any unusual lumps on the sides, top and bottom of tongue.

STEP 2: LIP & CHEEK
- Look around the edge of your lips for any lesions or sores.
- Using your thumb and index finger of both hands, pull back the upper lip and look for red or white lesions/sores.
- Using these same fingers, feel for any lumps or bumps.
- Do the same with your bottom lip.
- Next, use your thumb and index finger to pull back the right side of your cheek looking for any red or white patches.
- Using these same fingers, rub your cheek between them to feel for any lumps or bumps.
- Repeat on the left side.

STEP 3: FLOOR OF MOUTH
- Raise your tongue to the roof of your mouth and look under it where your tongue rests on the bottom of your mouth for any white and red patches.
- Using one finger inside the floor of the mouth and another on the opposing surface from the outside (under your chin), feel for any lumps/bumps between your fingers.
SEVEN-STEP "LOOK AND FEEL" ORAL CANCER SCREENING

**STEP 1: TONGUE**
- Stick out your tongue and hold the end of it with a cloth to give you some grip.

**STEP 2: LIP & CHEEK**
- Move your tongue to the right and then the left and look for any red and white patches.
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- Using these same/fingers, feel for any lumps or bumps.
- Do the same with your bottom lip.

**STEP 4: ROOF OF MOUTH**
- Next, use your thumb and index/finger to pull back the right side of your cheek looking for any red or white patches.
- Using these same/fingers, rub your cheek between them to feel for any lumps or bumps.
- Repeat on the left side.

**STEP 5: HEAD & NECK**
- Raise your tongue to the roof of your mouth and look under it where your tongue rests on the bottom of your mouth for any white and red patches.
- Using one/finger inside the floor of the mouth and another on the opposing/unsurface from the outside (under your chin), feel for any lumps/bumps between your fingers.
- Look at the roof of your mouth for any unusual sores or red and white patches.
- Rub the roof of your mouth and feel for new or unusual swelling.

**STEP 6: SAY AHHH**
- Using all four fingers to rub in a circular motion, feel your neck for unusual lumps/bumps or tender areas.
- Repeat this on the back of your neck along your hairline and behind, under and in front of your ears.
- Press down on your tongue with a tongue depressor or teaspoon; say ahhh and look at the back of your throat looking for red/white patches or unusual bumps.

**STEP 7: TELL SOMEONE**
- Call your oral health professional and have any unusual findings checked. Early detection is key!
This is a volunteer position, however, the College will provide you with free training and time spent in training and in mentoring may be used to meet your quality assurance requirements. You would be responsible for any costs incurred to attend the training workshop. Interested dental hygienists must be willing to complete approximately 25 hours of learning through a combination of on-line modules, self-reflective assignments and a full-day workshop.

Interested dental hygienists must meet the following requirements:

1. Be registered and in good standing with the CDHO.
2. Have practised clinical dental hygiene for at least five (5) years.
3. Have practised while authorized to self-initiate in Ontario for a minimum of two (2) years.
4. Have completed the CDHO mentorship course and workshop.
5. Be willing and able to participate in a mentoring relationship as a volunteer.
6. Have a positive attitude for the profession and its standards.
7. Be willing to have your name and contact email on the CDHO website under Find a CDHO Peer Mentor.

If you are interested in being part of this exciting opportunity, please e-mail cgoldberg@cdho.org with an expression of interest and a brief note explaining how you meet the criteria.
According to Health Canada, oral cancer is the 13th most common cancer of the 23 reported cancers. And according to the National Cancer Institute (NCI), head and neck cancers account for approximately 3 to 5 percent of all cancers in the United States. The five-year survival rate for oral cancer is 63 percent compared to the survival rates of cervical cancer (75 percent), melanoma cancers (89 percent), and prostate cancer (95 percent).

Dental hygienists know the most common site for oral cancer in North America is the tongue and that squamous cell carcinoma, which occurs in the lining of the oral cavity, is the most common cancer of the oral cavity. However, there are other types of cancers found in the oral cavity that dental hygienists must be alert for when doing an oral cancer screening. These include cancers of the salivary glands such as mucoepidermoid carcinoma and adenoid cystic carcinoma, sarcomas (tumours arising from bone, cartilage, fat, fibrous tissue or muscle), and melanomas.

Although well publicized, tobacco and alcohol use remain the major risk factors for most cancers of the head and neck, including the oral cavity. Use of tobacco (cigarette smoking and use of smokeless tobacco) and alcohol in combination significantly increases this risk.

Immigrants from Southeast Asia who habitually chew paan (betel quid) have shown a higher incidence of oral cancer. Also, consumption of mate, a tea-like beverage habitually consumed by South Americans, has been associated with an increased risk of cancers of the mouth, throat, esophagus, thyroid, and larynx.

Recently in Canada the number of cases of head and neck cancers in young, otherwise healthy people has been reported on the rise. These are young, non-smokers and non-drinkers that develop cancers of the tonsil and base of the tongue. This growing phenomena is being attributed to the presence of human papillomavirus (HPV) in the mouth. Research indicates that the strains HPV-16 and HPV-18 are strongly linked with oral cancer.

<table>
<thead>
<tr>
<th>Risk factors for oral cancer by location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral cavity</td>
</tr>
<tr>
<td>Sun exposure (lip); possibly human papillomavirus (HPV) infection.</td>
</tr>
<tr>
<td>Salivary glands</td>
</tr>
<tr>
<td>Radiation to the head and neck. This exposure can come from diagnostic X-rays or from radiation therapy for cancerous or noncancerous conditions.</td>
</tr>
<tr>
<td>Paranasal sinuses and nasal cavity</td>
</tr>
<tr>
<td>Certain industrial exposures, such as wood or nickel dust inhalation. Tobacco and alcohol use may play less of a role in this type of cancer.</td>
</tr>
<tr>
<td>Nasopharynx</td>
</tr>
<tr>
<td>Asian, particularly Chinese, ancestry, Epstein-Barr infection, occupational exposure to wood dust, and consumption of certain preservatives or salted foods.</td>
</tr>
<tr>
<td>Oropharynx</td>
</tr>
<tr>
<td>Poor oral hygiene. HPV infection and the use of mouthwash that has a high alcohol content are possible, but not proven, risk factors.</td>
</tr>
<tr>
<td>Hypopharynx</td>
</tr>
<tr>
<td>Plummer-Vinson (Paterson-Kelly) syndrome, a rare disorder that results from iron and other nutritional deficiencies. This syndrome is characterized by severe anemia and leads to difficulty swallowing due to webs of tissue that grow across the upper part of the esophagus.</td>
</tr>
<tr>
<td>Larynx</td>
</tr>
<tr>
<td>Exposure to airborne particles of asbestos, especially in the workplace.</td>
</tr>
</tbody>
</table>

...continued on next page
Your role

As the oral care professional clients usually see first, dental hygienists are educated to know the early signs and symptoms of oral cancer. Essentially, dental hygienists are a first defence in the detection and recognition of changes in the oral environment. As such, dental hygienists need to remain current in the knowledge base necessary to recognize early pathology, and be competent in the proper screening procedures to identify the signs and symptoms of oral cancer.

An oral cancer screening as part of a routine dental hygiene appointment includes, taking a medical history that inquires about previous malignancies, involves a lifestyle risk assessment, a systematic visual examination of all the soft tissues of the mouth, including manual extension of the tongue to examine its base, a bimanual palpation of the floor of the mouth, a digital examination of the borders of the tongue, and the lymph nodes surrounding the oral cavity and in the neck. Screening aids, including lights, dyes, and other techniques can be used as an adjunct to a visual and tactile investigation. Persistent abnormalities need to be identified and sent for referral and biopsy. Any sore, discoloration, induration, prominent tissue, irritation, hoarseness, which does not resolve within a two-week period should be considered suspect and worthy of further examination or referral.

There is no single cause of cancer but some factors appear to increase the risk of developing it. With prevention being key, dental hygienists play an important role in identifying lifestyle choices that increase the risk of developing cancer. One of the most obvious examples is tobacco use. Dental hygienists play a key role in educating clients about the damage tobacco use does to the oral cavity and body. Additionally, dental hygienists can offer tobacco cessation programs and recommend products that may help their clients break the habit.

For clients already diagnosed and being treated for oral cancer, once again dental hygienists play a key role in educating them about the oral risks associated with their condition. You can recommend dental hygiene interventions, self-care regimes and products that help your clients cope with the side effects of cancer treatments and decrease their susceptibility to opportunistic oral diseases.

<table>
<thead>
<tr>
<th>Location</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral cavity</td>
<td>A white or red patch on the gums, tongue, or lining of the mouth; a swelling of the jaw that causes dentures to fit poorly or become uncomfortable; or unusual bleeding or pain in the mouth.</td>
</tr>
<tr>
<td>Nasal cavity and sinuses</td>
<td>Sinuses that are blocked and do not clear; chronic sinus infections that do not respond to treatment with antibiotics; nosebleeds, frequent headaches, swelling or other trouble with the eyes, pain in the upper teeth, or problems with dentures.</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>Swelling under the chin or around the jawbone; numbness or paralysis of the muscles in the face; or pain that does not go away in the face, chin, or neck.</td>
</tr>
<tr>
<td>Oropharynx and hypopharynx</td>
<td>Ear pain.</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>Trouble breathing or speaking, frequent headaches, pain or ringing in the ears, or trouble hearing.</td>
</tr>
<tr>
<td>Larynx</td>
<td>Pain when swallowing or ear pain.</td>
</tr>
<tr>
<td>Metastatic squamous neck cancer</td>
<td>Pain in the neck or throat that does not go away.</td>
</tr>
</tbody>
</table>
In treating clients who are undergoing radiation or chemotherapy, dental hygienists should be alert to and discuss as appropriate, the timing of dental hygiene interventions, and the oral implications of radiation and chemotherapy treatments. Postponing invasive dental hygiene procedures and radiographs until discussed with the client’s oncologist is advised. Depending on the urgency of the dental hygiene intervention planned, prophylactic antibiotics may be required and prescribed by the physician.

Besides scheduling routine visits to see you for regular oral cancer screening, it is important that your clients be empowered to take responsibility to self-check and be aware of changes in their mouths. When these changes occur, they need to be brought to the attention of a qualified dental or medical professional for examination. Dental hygienists can teach clients to self-examine for a lump or sore that does not heal, a sore throat that does not go away, difficulty swallowing, and a change or hoarseness in the voice that lasts over two weeks.

In sum, dental hygienists play a vital role in the early detection of oral cancers. By keeping your knowledge base current, making oral cancer screening a routine practice, and educating clients to look for and report changes in the oral environment, you are a first defense in the detection and early treatment of oral cancers.

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Photos from left to right:
This HIV-positive patient presented with a gingival squamous cell carcinomatous lesion. Being that HIV reduces immunologic activity, the intraoral environment is a prime target for chronic secondary infections and inflammatory processes, and therefore, because these may be precursors to cancer, squamous carcinomatous lesions.

Indurated enlargement of the ventral tongue with an associated ulcer. Diagnosis squamous cell carcinoma.

Asymptomatic, pebbly erythematous areas – Early squamous cell carcinoma of lateral tongue.

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1 Content Provider(s): CDC/Sol Silverman, Jr., D.D.S., University of California, San Francisco
Picture & text from CDC/PHIL
http://hardinmd.lib.uiowa.edu/cdc/6057.html

2 Picture & text from Michael Finkelstein and Gilbert Lilly, University of Iowa College of Dentistry and Hardin MD, University of Iowa.
http://hardinmd.lib.uiowa.edu/ui/dent/mouthcancer5.html

3 Picture & text from Michael Finkelstein and Gilbert Lilly, University of Iowa College of Dentistry.
http://hardinmd.lib.uiowa.edu/ui/dent/mouthcancer1.html

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To learn more about oral cancer, look for the following advisories/factsheets on the CDHO website:

Advisory and Factsheet on Oral Cancer
Advisory on Chemotherapy
Advisory on Radiation Therapy
Oral Cancer Pictures: http://oralcancerfoundation.org/dental/slide_show.htm
Oral Cancer Foundation: http://oralcancerfoundation.org/
Oral Cancer Screening Video: http://www.dentalce.umn.edu/OralCancerVideo/home.html
Ontario Dental Hygienists Association:
http://www.odha.on.ca/PDFs/Meyer-PracticeGuidelinesforTobaccoCessation-LectureHandout.pdf

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What Is Required of You on the SMILE Portal?

Since taking over as Manager of the Quality Assurance Program in December of 2015, I have received many enquiries from dental hygienists asking about what their requirements are each year in relation to the SMILE Portal. I thought I would divide this article into three sections: Requirements for every registrant annually, Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit, and Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit.

Requirements for Every Registrant Annually

Step 1: Verify Employment Status and Practice Address(es)

Each year every dental hygienist is required to verify their employment status and practice address(es) in the SMILE Portal. The information that automatically appears in the SMILE Portal is what the College currently has on file as your contact information, including both your home and any practice addresses. It is critical that the address(es) and contact information you have provided to the College is accurate. If this information is not correct, it will put you at risk of submitting false information on your Quality Assurance records. If required, correct this information on the College’s Self-Service Portal and that change will automatically be reflected in your SMILE Portal. According to Bylaw No. 5 (14.3), you are required to notify the CDHO of changes in personal data (e.g. name, address, etc.) within fourteen days of the change. Please do not move forward and enter your information into the SMILE Portal if this information is not accurate as you may not be given the correct tools to proceed. Once you’ve verified that this step is accurate and you’ve answered the required questions, you must select the I’m All Done option on the bottom of the page.

Selecting this button will not only complete your Step 1 but will also allow you to proceed to Step 2, the mandatory Self-Assessment.

Your dashboard will have a green checkmark beside Step 1 if completed properly.

Important Notes:

- Any registrants who are either inactive, not practising dental hygiene or practising dental hygiene outside of Ontario will not have a Practice address listed.
- Any registrant who is on maternity leave and plans to return to practice at the end of the maternity leave should select “practising full- or part-time” as their option.

Step 2: Self-Assessment

The purpose of the Self-Assessment is two-fold. Firstly, according to the Quality Assurance regulation, a mechanism is required for the College to monitor members’ participation in, and compliance with, the program. The completion of the self-assessment fulfills this requirement. Secondly, by completing the Self-Assessment, depending on your responses, suggested goals will be generated for you to consider for the year. Your responses to the questions are NEVER submitted to the College. The College only receives a report from Skilsure (the third-party site that houses the SMILE Portal) notifying that the Self-Assessment has been completed by you for that particular year. Feel free to use, modify or delete any or all of the suggested learning goals. If you prefer, you still have...
the ability to create your own learning goals for the year. The Self-Assessment contains 109 questions and takes approximately 15–20 minutes to complete. Once **ALL** of the questions are answered, you must select the **I’m All Done** option on the bottom of the page.

Your dashboard will have another green checkmark (this time beside Step 2) if completed properly. As well, your dashboard will also confirm the completion of the Self-Assessment by showing the following message:

**Important Notes:**

- You will not receive an email confirmation of completion of the Self-Assessment.
- **ALL** registrants, regardless of their registration status or employment situation (i.e. active, inactive, suspended, working in dental hygiene or not working in dental hygiene) are required to complete the mandatory Self-Assessment by January 31st each year.
- Educators are required to complete an **additional** Self-Assessment that contains 32 questions specifically for educators.

If you have not been selected to submit your Quality Assurance records to the College, your requirements for the year end here. Please continue to read from the heading **Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit.** If on the other hand you have been selected to submit your Quality Assurance records to the College for audit, please continue to read from **Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit.**

**Unsure if You Have Been Selected for Audit?**

If you have been selected for audit you will find out in two ways. Firstly, the College will send correspondence to you, either by email or mail (depending on the method of correspondence you selected with the College) notifying you that you have been selected. Secondly, your SMILE Portal will reflect this in the dashboard with the following notification:

It is important to note that these notifications are sent out by January 31st of every year.

All registrants whose registration number end in either “4” or “9” (i.e. *****4 or *****9) will be required to submit their Quality Assurance information by January 31, 2017.

**Exceptions:**

- Registrants who submitted their professional portfolio in 2013, 2014, 2015 or who participated in the 2016 peer review will not be required to submit their information.
- Registrants who registered on or after July 1, 2014 will not be required to submit their information.

1204 Quality Assurance records are expected for audit due January 31, 2017.

...continued on next page
Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit

If you have been selected to submit your Quality Assurance records for audit, your dashboard will reveal Steps 3, 4 and 5 after the completion of your Self-Assessment (Step 2).

Step 3: Select a Path

You will be asked to select one of three possible Paths to demonstrate your competence to the College.

Path 1 – Involves completing a Learning Portfolio and a Practice Profile. See right for what you can expect to see in your dashboard.

Path 2 – Involves completing the National Dental Hygiene Certification Board Examination and a Practice Profile. See left for what you can expect to see in your dashboard.

Path 3 – Involves completing the National Dental Hygiene Certification Board Examination and Requesting an Onsite Practice Review. See right for what you can expect to see in your dashboard.

Once you have selected a Path, you must select the I’m All Done option on the bottom of the page.

Important Notes:

- Please make certain that you are sure which Path you want to pursue before clicking the I’m All Done button because changing this involves technical support from Skilsure, and may take some time to correct. If you have an idea but are not certain of which Path you want to select, choose your desired Path and click the Save and Continue Working option for the time being rather than the I’m All Done option. This will allow you to still proceed with Steps 4 and 5.

Step 4: Step four will vary depending on what Path you have selected.

If you selected Path 1, your dashboard will show Learning Portfolio. Under this option you will enter any goals you have created. Suggested goals that were generated during your Self-Assessment will appear here as well. To enter information about completed activities related to your goals, you have to select the goal and proceed to click on Add a New Activity to add details for each activity you have completed related to that goal. You may select more than one type of activity for a learning goal. Once you have entered all your goals and activities, you must mark your goals as complete. The final step is to select the I’m All Done option on the bottom of the page. This will get you the green checkmark next to Step 4.

Important Notes:

- Remember that at least 80 per cent of your learning activities must be directly related to your learning goals and practice.
- Each activity must be entered separately. Do not list all activities for a particular goal in the same text box.
- Since you are in an audit year, your hours will only be cumulated once you have marked all your goals as Complete.

If you selected Path 2 or 3, your dashboard will show NDHCB Assessment. Under this option, you will be able to generate an email to the NDHCB expressing your interest in attempting the examination. The NDHCB will then email you instructions on how to take this examination. Once you successfully pass the examination, you will need to upload your email of successful completion in this step. Once you have uploaded your email, you must select the I’m All Done option on the bottom of the page. This will get you the green checkmark next to Step 4.
**Important Notes:**
- Only original emails from the NDHCB will be accepted as proof of successful completion of the examination. Screen shots of the email will be accepted as well. Please do not copy the text of the email and paste it into another document as this is not acceptable.

**Step 5: Step five will vary depending on what Path you have selected.**

If you selected Path 1 or 2, your dashboard will show Practice Profile under this step. You will be required to complete a Practice Profile (previously known as your “Typical Day”) corresponding to your current practices. If you provide direct client care, your profile will contain checkboxes and short answer questions which will allow you to provide a description of which conditions apply to your dental hygiene practice(s). If you work in more than one practice environment of a similar type, you will be asked to prepare the Practice Profile for each practice of that type. At the end of the profile, you will be given the opportunity to note any differences between your practices of the same type. If you work in different types of practices, you will need to prepare a Practice Profile for each practice. If you work in regular temporary placements in different practice environments, the concept of the Practice Profile still applies and you will complete the profile describing your “typical” temping position in a practice.

**Important Notes:**
- Any registrants who are either inactive, not practising dental hygiene or practising dental hygiene outside of Ontario will not have a Practice Profile to complete.
- The College is only interested in your Practice Profile for the year you are being audited. Any Practice Profiles completed before the audit year will never be seen by the College.
- If you wish to follow Path 3, plans should be made to prepare for your onsite review. A Quality Assurance Assessor will contact you sometime in February to schedule your onsite review.

For the 2016 selection:

557 registrants selected Path 1, 90 registrants selected Path 2 and 1 registrant selected Path 3.

**Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit**

If you have not been selected to submit your Quality Assurance records for audit, your dashboard will not reveal Steps 3, 4 and 5 after the completion of your Self-Assessment (Step 2). Instead, you will see Learning Portfolio and Practice Profile under the heading Optional.

This means that there is no requirement for you to enter information for your Learning Portfolio and/or your Practice Profile until you have been selected for audit and you choose a Path that requires these components. However, to take full advantage of the SMILE portal as a learning management system for your Quality Assurance records, the College strongly encourages registrants to enter their learning goals and activities annually.

**Important Notes:**
- You will always have access to enter goals and activities in your Learning Portfolio for the previous three years as well as complete your Practice Profile for previous years also.

If you have any specific questions about the SMILE Portal, please feel free to contact the Quality Assurance department at the College.
ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Committed acts of professional misconduct pursuant to the following paragraphs of Section 15 of the Ontario Regulation 218/94 under the Dental Hygiene Act, 1991: paragraph 28 (falsifying a record relating to the member’s practice); and/or paragraph 30 (signing or issuing, in the member’s professional capacity, a document that the member knows or ought to know contains a false or misleading statement); and/or paragraph 38 (obtaining a benefit from dental hygiene employment while suspended without prior approval of the Executive Committee); and/or paragraph 41 (failing to pay money owing to the College); and/or paragraph 42 (failing to take reasonable steps to ensure that information provided by the member to the College is accurate); and/or paragraph 47 (contravening, by act or omission, the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts, more particularly, section 9 [no one other than a member shall use the title “dental hygienist” or hold themselves out as a dental hygienist] of the Dental Hygiene Act, 1991 in conjunction with subsection 13(2) [a suspended member is not a member] of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991); and/or paragraph 52 (disgraceful, dishonourable or unprofessional conduct); and/or paragraph 53 (conduct unbecoming).

BRIEF SYNOPSIS OF FACTS

- Mr. Asselin was first registered with the College of Dental Hygienists of Ontario (the College) in July 1996.

- Mr. Asselin worked as a dental hygienist at Bayview Hill Dental Centre from approximately 1997 to 2014, without any substantial break in employment during that time.

- From on or about January 1, 2010 to on or about February 28, 2010, Mr. Asselin worked Fridays and Saturdays at Bayview Hill Dental Centre. After approximately March 1, 2010, Mr. Asselin worked only Fridays at Bayview Hill Dental Centre.

- From in or about 1999 to in or about May 2014, Mr. Asselin worked as a dental hygienist at Hillcrest Orthodontics without any substantial break in employment during that time.

- Mr. Asselin initially worked as a dental hygienist three days a week at Hillcrest Orthodontics but that increased to four days a week in or about 2014.

- Mr. Asselin’s certificate of registration was suspended by the College for non-payment of fees during the following periods:

  - From on or about February 16, 2010 to January 23, 2012;
  - From on or about February 19, 2013 to February 28, 2013; and
  - From on or about February 20, 2014 to May 11, 2014.

- Mr. Asselin practised dental hygiene at both Bayview Hill Dental Centre and Hillcrest Orthodontics despite his certificate of registration being suspended.

- When Mr. Asselin submitted reinstatement application forms to the College in 2011, 2012, 2013 and 2014, he confirmed that he had not practised dental hygiene while suspended, despite having practised.

- When Mr. Asselin submitted reinstatement application forms to the College in 2011, 2012, 2013 and 2014, he failed to list any place(s) of dental hygiene practice, despite still working at Bayview Hill Dental Centre and Hillcrest Orthodontics.

- Mr. Asselin falsified a copy of a certificate of registration to make it appear that it was a 2014 certificate of registration
and he submitted that falsified certificate to his employer at Bayview Hill Dental Centre.

- Mr. Asselin provided false or misleading information to his employer at Bayview Hill Dental Centre when he said that his inclusion on a College list of suspended dental hygienists was due to a technicality, when in reality it was due to his failure to pay his College fees.

**DECISION**

1. **Finding**

- The Panel accepted the Agreed Statement of Facts, and found Mr. Asselin guilty of professional misconduct pursuant to the following paragraphs of section 15 of Ontario Regulation 218/94 under the Dental Hygiene Act, 1991, S.O. 1991, c. 22: paragraph 28 (falsifying a record relating to the member’s practice); and paragraph 30 (signing or issuing, in the member’s professional capacity, a document that the member knows or ought to know contains a false or misleading statement); and paragraph 38 (obtaining a benefit from dental hygiene employment while suspended without prior approval of the Executive Committee); and paragraph 41 (failing to pay money owing to the College) and paragraph 47 (contravening, by act or omission, the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts, more particularly, section 9 [no one other than a member shall use the title “dental hygienist” or hold themselves out as a dental hygienist] of the Dental Hygiene Act, 1991 in conjunction with subsection 13(2) [a suspended member is not a member] of the Regulated Health Professions Act, 1991); and paragraph 52 (disgraceful, dishonourable or unprofessional conduct); and paragraph 53 (conduct unbecoming).

2. **Penalty**

- Reprimand and notation of such on the Register.
- Suspension from practice for five (5) months.
- Successful completion (i.e., obtain an unconditional pass) of the Professional Problem-Based Ethics Course (“ProBe”) offered by The Center for Personalized Education for Physicians no later than August 17, 2016.
- Suspension of one (1) month of that suspension (i.e. so that the Member would serve four (4) months’ suspension) if he successfully completes the Professional Problem-Based Ethics Course (“ProBe”) by February 15, 2016.

3. **Costs**

- $500.00 to the Minister of Finance
- College costs in the amount of $2,400.00

4. **Panel’s Reasoning**

- The penalty appropriately addresses the principles of penalty that the Courts have stated must be considered in arriving at a penalty decision.

- The significant suspension ordered addresses the principle of public protection by removing Mr. Asselin from practice for a period of time, which is an appropriate sanction and allows the registrant time to reflect on his actions.
- The order to successfully complete at his own expense the Professional Problem-Based Ethics Course (“ProBe”) addresses the principle of public protection as well as general and specific deterrence. This course is an intense course with a substantial cost to be borne by the registrant. It also has a rehabilitation component.
- The fine ordered and the strict terms, conditions, and limitation imposed on the registrant’s certificate of registration sends a strong message to the profession at large that such misconduct will not be tolerated.
- The penalty imposed appropriately addresses public protection, specific deterrence to the member in a sufficient manner such that he will not repeat his misconduct, general deterrence to other members of the profession, upholding the ability of the profession to regulate itself and rehabilitation of the registrant.
- The Panel took into account a number of aggravating factors in this case. The seriousness of Mr. Asselin’s misconduct was an aggravating factor. He continued to work while suspended, once for about 2 years, once for about 2 weeks, and on another occasion for about 3 months. Mr. Asselin submitted a falsified certificate of registration to his employer and further lied to his employer about the reason for his registration being suspended. Mr. Asselin also provided false or misleading information to the College by confirming that he had not practised dental hygiene while suspended, despite having practised. Mr. Asselin was well aware of his suspension and took steps to hide it. Dishonest behaviour by a professional is not acceptable and is deserving of a serious sanction.
- The Panel took into consideration a number of mitigating factors. There was no discipline record and this was Mr. Asselin’s first disciplinary finding. He cooperated from the outset and pleaded guilty. This spared witnesses from having to testify and saved the College the additional expenses it would have had to bear in pursuing this matter in a fully contested hearing. By his early admission of his misconduct and his co-operation with the College, he showed insight as well as remorse.
- The Panel believed that the penalty and costs order imposed will help to restore in the eyes of the public the reputation of the profession, which is damaged when a registrant engages in acts of professional misconduct.

For the full text of the decisions and reason, visit www.cdho.org.
Ms. Laila Osobleh – 014885
Practice address: 46 Pengarth Crt, Toronto, ON M9A 2P3

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Committed acts of professional misconduct under Section 15 of Ontario Regulation 218/94, as amended, under the Dental Hygiene Act, 1991, and in particular, paragraph 1 (contravening a condition imposed on a member’s certificate of registration); and/or paragraph 28 (falsifying a record); and/or paragraph 30 (signing or issuing a document that the member knows or ought to know contains a false or misleading statement); and/or paragraph 31 (submitting an account or charge that the member knows or ought to know is false or misleading); and/or paragraph 47 (contravening a regulation under the Dental Hygiene Act, 1991, namely section 35 of Ontario Regulation 218/94; and/or paragraph 50 (failing to cooperate with an investigator for the College); and/or paragraph 52 (disgraceful, dishonorable or unprofessional conduct); and/or paragraph 53 (conduct unbecoming a dental hygienist).

BRIEF SYNOPSIS OF FACTS

– Ms. Osobleh first became registered with the College of Dental Hygienists of Ontario (the “College”) on April 28, 2011 and initially held a certificate of registration in the General class.
– Ms. Osobleh moved to the Inactive class on January 1, 2014.
– It is a condition of the Inactive class that a member holding such a certificate is not permitted to practise as a dental hygienist in Ontario.
– Ms. Osobleh provided dental hygiene services at a dental clinic in Vaughan, Ontario, to eight clients, between December 13-22, 2014, while holding a certificate of registration in the Inactive class:
– Ms. Osobleh signed an insurance claim form with respect to the dental hygiene services she provided one client.
– Ms. Osobleh made untrue statements to the Investigations Coordinator of the College and the College investigator.
– Ms. Osobleh plead guilty to the allegations.

DECISION

1. Finding
– The Panel accepted as true the facts set out in the Agreed Statement of Facts and accepted the guilty plea of the Registrant.

2. Penalty
– The Panel accepted the joint submission as an appropriate order on penalty and costs.
– Reprimand and notation of such on the register.
– Suspension from practice for a period of one (1) month.
– Terms, Conditions or Limitations on Ms. Osobleh’s certificate of registration:
  – Ms. Osobleh must, at her own expense, successfully complete, in the opinion of the Registrar, an individualized course in professional ethics, approved by the Registrar, within one (1) year of the date of this Order;
  – Ms. Osobleh must, at her own expense, successfully complete, in the opinion of the Registrar, the CDHO jurisprudence module, within three (3) months of the date of this Order.

3. Costs
– A fine of $500.00, to the Minister of Finance.
– College costs in the amount of $1,800.00.

4. Panel’s Reasoning
– The penalty imposed appropriately addresses the principles of penalty which include public protection, general deterrence and specific deterrence, and rehabilitation. It also serves the important principle of maintaining public confidence that the College governs the profession effectively in the public interest.
– Sends a strong message that compliance with the regulations governing registration and renewal of registration are obligatory requirements for the practice of dental hygiene. The obligation to maintain a current certificate of registration is one of the many regulations in place to ensure that the public receives safe and effective dental hygiene care. Ms. Osobleh’s practice as a dental hygienist after failure to renew her certificate of registration, demonstrated a serious disregard for the laws that regulate the practice of dental hygienists.
– Delivers a serious sanction for the Registrant’s acts of misconduct and at the same time seeks to rehabilitate the Registrant through the ethics and jurisprudence courses it
requires as terms, conditions and limitations on her certificate of registration. The fine imposed is a recognition of the financial component of the misconduct in practising while not being registered, and the $1,800.00 costs award against the member is appropriate. Members of the profession should not have to bear the full costs of the Registrant’s misconduct.

– The fact that the Registrant had been experiencing serious financial difficulties at the time of her misconduct is not accepted by the Committee as an excuse for such misconduct. Dental hygienists, like all health professionals, must maintain their professional obligations even in times of difficult personal pressures, and will face discipline if they do not.

– The Panel considered as mitigating factors in this case that Ms. Osobleh expressed remorse and pled guilty which saved the College the time and expense of a contested hearing. Importantly, it spared witnesses from having to testify. Further, Ms. Osobleh had no prior record of professional misconduct. This was her first time before the Discipline Committee.

– The penalty order delivered was consistent within the penalties ordered in similar cases that the College brought to the attention of the Panel.

For the full text of the decisions and reason, visit www.cdho.org.

Exploring Clinic Regulation in Ontario – What’s Next?

The Clinic Regulation Working Group was formed in 2015 by a number of regulatory colleges to explore stronger oversight of clinics in Ontario. After conducting research and assessing alternative solutions, the Working Group decided to conduct stakeholder consultations to gather feedback about the idea.

Consultation Results

The consultation period ended on December 31, 2015. Thank you to those of you who took the time to look at the website, watch the videos, attend town halls, and send in comments.

The Working Group has committed to a transparent consultation process. You can now read a report about the consultation feedback and all of the stakeholder comments on the website at:


Find out what your colleagues and others had to say!

Next Steps

The Working Group met in February to consider the feedback and determine next steps for the project. The Group reached a consensus decision to submit a report to the Ministry of Health on their exploration of clinic oversight in Ontario. The Working Group hopes to open a dialogue with the Ministry about strengthening clinic oversight to benefit patients and healthcare practitioners in Ontario.

The Working Group plans to submit this report in summer 2016.

Did you know?

The incidence and mortality rates of oral cancer are three times higher than for cervical cancer and almost double that of liver cancer.
Illegal Practice Is a Serious Matter!

By Jane Keir, RDH, BSc, BEd

In the past several months, the College has dealt with a number of complaints about people practising dental hygiene illegally. You may find it surprising that many of the illegal practice cases seen by the College are actually related to graduates of dental hygiene programs. These graduates made the decision to practise before they have been registered with the CDHO. So what happens when we receive one of these reports? While you may think that a graduate practising prior to registration is not as serious as when a person has no education in the field practices, this is absolutely not the case. In both cases, a determination has not been made by the College that they possess the knowledge, skills and judgment to practise the profession safely and effectively.

Those practising illegally, scale teeth and perform root planing (contrary to the controlled acts as listed in the Regulated Health Professions Act), take x-rays (which contravene the Healing Arts Radiation Protection Act which require that they be registered with the College), provide fluoride, review medical and dental histories and conduct intraoral and extraoral examinations. They also often contravene the protected title provisions of the Dental Hygiene Act, 1991 by introducing themselves as a dental hygienist by using the initials “RDH” at the end of their signature or clinical notes. Contravention of these provisions of the Dental Hygiene Act, 1991 is a provincial offence and could be punishable by a fine of up to $25,000 for a first offence.

The College takes all illegal practice matters very seriously. In the interest of public protection, it is the role of the College to ensure that anyone providing dental hygiene services in Ontario has met all registration requirements. Those who apply for registration following practising illegally will likely have a more difficult time meeting the requirements; specifically, the requirement that “Nothing in the applicant’s conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.” Practising without being registered puts the public at risk. It is entirely possible and in fact likely that those practising illegally would not be covered by liability insurance for any incident that occurred prior to their being registered with the College. As well, a client would not have any recourse to the College’s complaints process if they wished to make a complaint about this person. Further, they have misled employers and clients and have treated and charged for services that they were not legally qualified or entitled to provide. This is unfair to the public and damaging to the reputation of all dental hygienists.

Following an illegal practice incident, the College is typically of the view that the only way to ensure that the person will practise safely and with decency, integrity and honesty, and in accordance with the law is by imposing on their certificate of registration specified terms, conditions and/or limitations (TCL’s) with the premise being that compliance with those TCL’s helps to provide assurance that the person is prepared to abide by their regulatory responsibilities.

TCL’s imposed on a certificate of registration can take many forms. Several examples of TCL’s previously placed on new registrants who had previously practised illegally include:

- Advising all affected clients that they had received services from someone practising illegally and providing proof that this notification has been completed.
- Advising employers that they had practised illegally.
- Successfully completing an ethics course that may come at significant cost to the person who had practised illegally. The course currently used in these cases costs approximately $1800 US.
- Practising dental hygiene only with a practice setting monitor who will provide written reports, acceptable to the College during the period of monitoring.
- Cooperating with unannounced onsite inspections of their practice premises, records and billing records by an auditor appointed by the College.
# New Registrants

**November 16, 2015 to March 15, 2016**

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Authorized for Self-Initiation
November 16, 2015 to March 15, 2016

Abraham, Irene Baaba Kwadjiriba 012983
Adams, Natalie Sophie 009973
Ahmadi, Estoray 014944
Arevalo Puerto, Nubia Fernanda 008372
Asad, Tatiana 013751
Ashby, Alica 016863
Assanovich, Alena 015659
Awon, Nalia Tabassum 016540
Badulescu, Laura 009901
Baragar, Joanne 001384
Barber, Suzie 010781
Barszcz, Malgorzata Barbara 009447
Bassiri, Farmaz 014597
Boismier, Nicole 011306
Bokhari, Huma 011470
Boucher, Sophie 007979
Brake, Anna 014316
Breau, Andrea Marie 005073
Brown, Kellie 014213
Brown-Washington, Gillian 014344
Bryzhans, Yelena 011725
Campbell, Michelle Karen Anne 017799
Chafchak, Jessica 017906
Claire, Sandeep Kaur 011207
Clunie, Margaret Anne 006146
Cook, Christine Katherine 007020
Cordova, Monica Valeska 015931
Cornish, Ersie Abigail 013067
Costantini, Dino 003929
Cowan, Emily 015229
Crane, Allison Cynthia 015929
Dakin, Linda Marie 003228
D’Angelo, Sabrina 008221
Day, Ellen 017089
Day, Robyn 015917
Del Rosario, Ruben Antonio 015525
DePaolo, Jennifer Diane 008815
DesChamps, Alyssa Leigh 015286
Desnoyers, Michelle 013074
Di Base, Nancy 007688
Di Mambro, Daniella Mary 007117
Di Paolo, Diana Lynne 009814
Disher, Taralynn 014214
Doci, Tijana 015964
Dominelli, Lory 007185
Donaldson, Katelyn 015267
Fannin, Meghan 015801
Fare, Kailee 015205
Ficht, Jessica Leigh 009335
Finos, Maria Vittoria 006657
Fraynak, Natasha 015103
Gangbar, Shelby 015708
Gauthier, Alaina 015001
Gill, Mandeeep 013272
Gould, Andrea Katrinna 013818
Grona, Carolyn Shelby 007835
Hicks, Patricia K 002972
Hishon, Kara 015857
Humsi, Mona 005849
Jalak, Bonnie Lynne 009904
Jennings, June Claudia 011584
Johnston, Aleeya 016199
Kamboj, Dalbir 015251
Kamosi, Nada Jafar 012678
Kapogiannis, Andrea Diane 013209
Kis, Jennifer Caroline 014303
Krumme, Sarah 008418
Kuri, Klavdija 008458
Lachance, Edyta 013475
Larabie, Shannon 014873
Latorre, Liliana 016456
Lavoie, Donna 003992
LeBlanc-Grueters, Lisa Noella Marie 007546
Li, Brittany Kirsten 016595
Luddin, Tayba 014306
Ludgate, Myles Anthony 016683
Majcen, Tanja Natasha 014541
Manning, Kirsten 014400
Marusic, Doris M 009430
Maycenic, Alida 005150
Medina, Cristina S 008443
Mila, Sabrina Linda 007264
Muldoon, Lindsay 011733
Narwey, Swapnil 017995
Nash, Christine Elaine 005327
Nickleson, Karol 008930
O’Leary, Anne Louise 002684
Olm, Cher Maria 008866
Oudman, Stephanie Rebecca 010842
Paci, Meredith Talarczyk 012368
Pearson, Tessa 012376
Pelletier, Genevieve 014022
Pettit, Caitlin 014051
Pinkney, Sandra 015557
Poirier, Tracy Nichole J 003455
Poppovic, Lijiana 015592
Prajapati, Dimple 012768
Ranalli, Angela Loretta 003186
Rea, Terena Nicole 011247
Reis, Katrina 013066
Rice, Tracy Lyn 007469
Robinson, Amanda 015137
Robinson, Rachel 017455
Roy, Abby Lynny 007699
Roy, Shantal 015830
Ryan, Andrea Lynne 008177
Schneider, Teresa 003502
Sinclair, Mary 017044
Snow, Noelle 015699
Strosberg, Stephanie Lynn 009331
Szabo, Heather 009265
Thomson, Lynanne Marie 006435
Tillapaugh, Karлина 018039
Tittarelli, Christine 003919
Touls, Anna 006447
Tuazon, Mylene 005793
Tummonds, Megan 016884
Turner, Tricia 015725
Viveiros-Lea, Victoria 015262
Walsh, Emily 015027
Wang, Jing 016210
Waterfield Cannon, Sara Jane 008379
Watts, Meggie 015697
Wiarda, Amber Lee 016490
Williams, Madelyn Rose 016478
Wintle, Allison S 007924

Reinstated
November 16, 2015 to March 15, 2016

Ashley, Alana K. 006763
Doye, Sonja Helen 011022
Dzindo, Emir 015777
Ferguson, Rosanna 007753
Krumme, Sarah 008418
McMurray, Jane 005407
Mendonca, Inesia 011359
Morand, Tracy Ann 005925
Purdie, Lindsey 011797
Seeram, Michelle 015376

Did you know?
60 registrants were suspended this year for non-payment of fees.
Resignations
November 16, 2015 to March 15, 2016

Adam, Anik D 008036
Al Rayes, Bushra 015584
Alexianan, Wendy Lynn 005694
Allard, Andrea 006843
Andrews-Viscardi, Valerie 002294
Araujo, Ana Maria 010981
Attar, Pooja 017911
August, Alicia 016118
Banduj, Natalija 005838
Bantsen, Svetlana Sitnikov 007627
Beaulieu, Sarah 009827
Beauport, Cindi Lee 001674
Bechard, Susan Marie 005517
Bedour, Pamela Dawn 002337
Belliveau-Primeau, Judy L E 002680
Benyovits, Patti 001387
Bett-Toffelmire, Lauma 003341
Bienvenu, Julieanne Marina 014373
Bindsle, Tammy Christine 009924
Blackstock, Lisa Starr 003548
Blair, Cathleen M 000275
Blaise, Claudine 017639
Bloom, Charon Beatrice 004137
Blouin, Maicie 017116
Bolier, Jill Elaine 000960
Bojescu, Angelica 013741
Bologna, Tanya 008258
Bridge, Karen Ann 003429
Britton, Helen 003105
Brook, Sara Kristen 013555
Brooks, Betty Jean 005912
Bruce, Lois Catherine 003704
Brush, Gaye Ann 001235
Buccella, Marion Helen 001374
Budge, Susan Ann 001723
Bugsal, Julie Marie Lise 014250
Campagnolo, Deborah Lynne 004999
Cardy, Nancy Lynn 001642
Caron, Castonguay, Elise 013046
Carr, Karen Wendy 000943
Carruthers, Karen Ann 004139
Cavanaugh, Carla Thelma 005861
Chamberlin, Peggy 003048
Chayka, Leslie 013411
Cheeseman, Deborah 000984
Chenier, Carole Ruth 003820
Childs, Philomena 002331
Chilton, Linda 003596
Cisse, Seydou 016117
Ciurea, Magdelena O 000783
Clark, Catherine E M 001438
Clark, Janice 002048
Clouthier, Kim 002188
Cocca, Carrie Lynn 009802
Coedy, Jane Elizabeth 001029
Connolly, Dorothy Jane 000745
Cooley, Debbie 006998
Cormier, Karine 016079
Couture, Anne Marie 009863
Dafoe, Bonnie Lynne 002126
D’Agostino, Martina Lee 006233
Danen, Janice 005798
De Diego, Gianni Marcela 001701
DeCorso, Sandra Janet 008370
Delano, Cara Lynn 006899
Dennis, Yolanda 017682
Depikolozvane, Dolores 006439
Desrosiers, Katie 010473
Deverett, Sally Reva 002969
Di Cristofaro, Gennarina 002695
Doak, Lorrie Jean 006480
Dominguex Mejia, Maria 015553
Donskov, Amy 008996
Doucet, Vanessa 017320
Doucette, Cindy 007557
Doucette, Leah Ashley 017583
Doughdeen-Jokhu, Andrea Rosemarie 004082
Driedger, Kelsey Elizabeth 017098
Duffin, Rachel 015523
Dufuis, Denise Marie 001255
Dwyer, Colin David 009896
Easy, Katelyn 014996
Eisenberg, Evelyn Fay 002025
Elliott, Barbara Jean 001764
Elliott, Gwenadollyn Alice 001435
Erling, Donna 001796
Fabiszewska, Dominika 012973
Faith, Tisha 004601
Farah, Amal Lina 007194
Ferron, Shelley Ann 007822
Filar, Sherry 003496
Fines, Michelle Christine 013415
Flake, Lynn 007327
Flanders, Karyn 017599
Flewelling, Lisa 009839
Frewelling, Lisa 009839
Forrest, Mary 002475
Frar, Catherine Anne 003204
Freeburn, Sharon Frances 008358
Frobel, Carol Ann 000571
Fung, Emily 015016
Fyfe, Elaine Patricia 001787
Gaboury, Melissa 017014
Garg, Saru 010978
Gauthier, Jocelyn Sharon 011851
Gerbes, Reham 008073
Ghuloom, Khalil 015666
Gill, Amandae 012955
Gigis, Saeed 010775
Glazer, Gayle Felice 000975
Glover, Bernadette Karla 002273
Gneo, Sandra 006577
Goela, Neena 008346
Gonzalez Sapene, Alejandra 016491
Good, Janet E 003262
Gooding, Shannon Jane 001969
Gosselin, Mona Denise M 004031
Gotto, Anne Elizabeth 001128
Grewal, Kuldip 012773
Guay, Alessia 009275
Gunter, Donna Mae 000437
Guzman, Arianna Ayari 013840
Halberstadt, Cheryl Nancy 000268
Haley, Amanda 017341
Hamilton, Katherine Gene 016223
Hanna, Jessica 016172
Hartley, Corina Lynn 011099
Hazell, Fay 010869
Hazelwood, Revanna 016599
Hearn, Colleen Regina 002795
Henry, Jo-An 017050
Herrera Castro, Gina Marisol 016712
Herrington, Jennifer 010812
Herterich, Diane 000867
Hewitt, Andrea L 000985
Hewitt, Mindel Patrice 000822
Hill, Alexandra 017431
Hinton, Joanna 015432
Hogan, Ann Dee 001504
Holt, Gwendolyn Louise 001004
Holyday, Diane Marlene 004275
Homem, Sandra Maria 008726
Hong, Jing Ping 015975
Hook, Judith Lynn 000711
Hosegood, Lynora Lee 001125
Housnell, Cassandra 017580
Huang, Song Shu 015764
Hunt, Melissa Anne 010122
Hussey, Heather Michelle 008214
Hyland, Patricia Ann 000675
Intrigo, Heaven-Leigh Azalea 016612
Irving, Victoria Joyce 005576
Japissu, Ivan Tavares 017600
Jecu, Paula 014828
Jeewanathan, Subashini 012349
Jefferson, Mary Elizabeth 000548
Jeffrey, Bonnie Lou 000701
Johnson, Amelie 009131
Johnson, Julie Anne 009865
Johnston, Jennifer Lee 007563
Johnston, Wendy Deborrah M 001208
Kamboj, Ananta 011832
Kankmarka, Marie 014326
Kawiec, Cynthia 016336
Keller, Michael 005054
Kendall, Vicky 017429
Kenny, Audrey Elfa 000721
Keung, Jeanie 015263
Kiessig, Tammy Lynn 005183
Kooy, Jan 000542
Kreysing, Matthew 014326
Kwong, Susan 017580
Suspended/Revoked

In accordance with section 24 of the Regulated Health Professions Act (Code), the following registrants have been suspended or revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her or his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee.

Suspended for Non-Payment of Fees
February 24, 2016

Vo, Hien Kim 017304
Wainberg, Kathy-Jo 000993
Walker, Katherine E 000445
Walker, Michele Elaine 003436
Walsh, Shelagh E 001428
Wardrop, Blair 016724
Weicker, Cristina 009919
White, Cheryl R 000702
White, Danielle 015715
Whitfield, Kendall 015625
Wickett, Janet Jessie 003303
Wilson, Carolyn Jill 004474
Wilson, Janet 002296
Wilson, Tracey Naomi 004461
Wilson, Valerie 007332
Woodhouse, Marie Ann 003057
Yee, Anne 000926
Yuan, Stu 014932
Zakrakak, Alenka 006384
Zamor, Carole Helene 000344
Zhang, Patty 017862
Zuschlag, Donna Louise 005157
Fasken, Wendy Yvonne M 002908
Fines, Michelle Christine 013415
Frattaroli, Denny Denise 007122
Ghewondian, Alla 016068
Gill, Harmanjot 016844
Hassell, Fay 010869
Hill, Alexandra 017431
Hoodfar, Ashley 005029
Ireda, Ledda 013568
Joreau, Cristina 016141
Kwiatkowski, Sabrina 016033
Lahais, Trina 009277
Litzenberger, Heidi Anne 012429
Liu, Yuan 015677
Martin, Julian 016229
Mazanek, Shandel 016135
McGee, Rachel Alexandra 015043
Medina, Rosy 017868
Mithani, Sadaf 013919
Morand, Tracy Ann 005925
Mukly, Irene Orlysia 003680
Neudorf, Nicolette T 004523
Nguyen Le, Jennifer 015947
Oshana, Rua 012817
Padda, Sonam 017383
Perivolitis, Vicki 016632
Petrosi, Diana 005634
Phil, Lisa Dale 004305
Pirri, Natasha 016704
Pister, Batsheva 012825
Pommer, Kimberley Anne 003697
Ponce, Celda 005668
Randall, Kathryn Margaret 001592
Rhiger; Cori 005574
Rinaldi, Jennifer 017407
Scott, Maggie 014766
Scully, Samantha 016000
Shawler, Whitney 015895
Siddhu, Satwant Kaur 012040
Sirinikova, Margarita 014697
Sullivan, Tracy 012561
Uwimbabazi, Providence Marie 011873
Willer, Eva Maria 004597
Willett, Melanie 012659
Wo, Xiaoyong 014572
Yin, Tingzhe 011001
Zabih, Nikki 010266

Revocations – 2016

Afsaly, Manizcha 012668
Astaneh, Mahvash 010721
Babin, Dawn Elizabeth 001057
Bier, Sheena 010993
Bren, Vanessa 014709
Burley, Angela 016390
Cameron, April 015551
Careless, Kelly Ann 005701
Chateauneuf, Dominik 014058
Cook, Melissa Nicole 013383
Courey, Sandra 006165
Delauro, Denise Marie 016546
Dugas, Julie Danielle 009968
Foster, Margo 011397
Hadley, Rachael 015681
Holden, Marlene E 002410
Hucke, Cheryl Anne 006540
Huynh Dang, Sabrina 015582
James, Sarah 012791
Jassar, Sumeen 016295
Jaura, Sonya 015100
Jones, Courtney 009410
Kukendran, Prathpeep 016257
Leblanc, Christine 016036
McBride, Eliesha Maureen Joy 010569
McCool, Annette 013334
Messier, Jean 014401
Morris, Angela Sharlene 016413
Mwanga, Josiane 011446
Nevzorov, Alexei 015628
Palmer, Pamela Ann 007484
Paquette, Jaynie 016190
Pauley, Teresa Lynn 016538
Raffoul, Catherine 014889
Rennette Main, Beverley 006605
Roberts, Kimberly 003208
Saquian, Marian 011274
Slinger, Gail Diane 001234
Van Stroe, Stephanie 016004
Vanderhave, Julita Guizot 014879
Winstanley, Cara Joanne 008211
Winters, Janet G M 003091
Yanez, Roxana 009449
Zoldy, Carole Anne 006643
Zubkov, Julia 015698

Suspended with Cause
August 17 to December 17, 2015
February 16 to March 15, 2016

Asselin, Michel 006369
Willett, Melanie 012659
Wo, Xiaoyong 014572
Yin, Tingzhe 011001
Zabih, Nikki 010266

Deceased
As of March 18, 2016

Brown, Wendy Anne 003106
Murphy, Jayne 002690
Paquette, Michaeline Marie 004322
You can expect to receive quality preventive oral hygiene care from health professionals who are registered with the College of Dental Hygienists of Ontario (CDHO).

**how we keep this promise**

- All dental hygienists must be registered with the CDHO to practise in Ontario.
- Only persons currently registered with the CDHO may use the title “dental hygienist” or any variety of translation of “dental hygienist” including the initials RDH (Registered Dental Hygienist).
- Every dental hygienist in the province must meet the CDHO’s entry-to-practice requirements.
- A list of currently registered dental hygienists is available to the public.
- The College provides Standards of Care and Practice Guidelines to guide dental hygienists and inform the public.
- The continuing competency of your dental hygienist is monitored and supported by the College throughout her/his professional career.
- Information about oral health and access to dental hygiene care is promoted to the public.
- A fair and transparent complaints process is available to help clients who feel they may not have received the care they had the right to expect.
- The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to safe and effective oral health care.