Preparing for the Authority to Prescribe

Report on Oral Health

It’s Renewal Time for 2015!
IN THIS ISSUE

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 dentaires 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.

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RDH = Registered Dental Hygienist
RRDH = Reg. Restorative Dental Hygienist
Here we are in late November watching it snow outside and it is hard to believe that another year is about to come to an end. The last Council meeting of 2014 was held on November 7th and it was a productive meeting where a number of issues were dealt with, including one that is of major interest to all of our Registrants: the treatment of spouses. After reviewing an extensive report from the Policy Committee, the College passed a motion directing the Registrar to prepare a regulation to go forward to the Health Ministry which would allow the treatment of spouses. The current policy which prohibits the treatment of spouses, however, cannot change until the Government has passed our regulation. We do not have any timeframe when that may or may not happen but we hope it is sometime in 2015.

Another major initiative of the College that has been in the works for the last two years and is now a matter of the public record is the “Review of Oral Health Services in Ontario”. The report is an excellent one and very clearly outlines some of the shortcomings of the delivery of oral health services in our communities. It also recommends strategies for the dental hygiene profession to work in partnership with other health providers to address some of these issues. The College will use the information as an up-to-date benchmark when developing policies and initiatives to serve the people of Ontario.

Transparency is another focus for the College. Recently, the Minister of Health and Long-Term Care directed the health regulatory community to make transparency a priority and asked each College to look at how processes could be improved to increase transparency for the public. Our review is well underway and we are committed to making all our processes as transparent as possible.

This is my last year as President of the College and this will be my last President’s message in Milestones. It has been a pleasure to have been your president for the last three years. I will still be on Council and look forward to working in a different role. During this time, I have been fortunate to have worked with a dedicated and hard working group of people both at the Council and staff level. I have also had the good fortune of having met a number of you at various functions and it became obvious to me that you all are dedicated professionals who work tirelessly day in and day out. I am very proud of the accomplishment we have been able to complete as a College and profession to ensure that the best level of care is provided to the public of Ontario.

I would like to extend my best wishes to you for the upcoming holiday season and for a great 2015.

Mike Connor
President
On November 25, 2014 the Review of Oral Health Services was released publicly. Commissioned by CDHO, the College asked a neutral Ontario health care expert to look at oral health in Ontario from a few different perspectives and report back what he saw. The Review was executed under the capable leadership of Mr. Barry Monaghan. Well recognized for his work in, and deep understanding of public policy and the healthcare system, Mr. Monaghan’s executive leadership experience includes hospitals, Ministry of Health and Long-Term Care, and LHINs. In the past seven years, he has taken on several interim CEO roles, including hospitals, provincial start-up organization, and CCAC. Mr. Monaghan also focuses on Board facilitation for strategy development and has led and/or participated in a number of operational reviews in Ontario. While CDHO set the terms of reference for this review it did not predefine its outcome, i.e., Mr. Monaghan completed his task unfettered.

Mr. Monaghan and his team began the Review in November 2013 and approximately one year later the final report has been posted on CDHO’s website. I encourage registrants to read the report because it offers a well-documented outsider’s perspective on the state of oral health in Ontario.

I will focus on a few key facets of the report and in particular the articulation of opportunities that await the oral health sector. The report quite pointedly avoided making recommendations, opting instead to describe opportunities.

How did Ontario fare? Are there causes for concern? The good news, according to the Monaghan Report, is that there are many positive things to say about the delivery of oral health services in Ontario.

- Despite the fact that oral health services are not covered by the Ontario Health Insurance Plan or other public funding, the vast majority of Ontarians have access to oral health services and enjoy relatively good oral health status.
- There does not appear to be an issue related to the quality of oral services delivered in Ontario, i.e., the quality of the services is good.
- Some selective programs designed for school-aged children are delivered through Public Health and the Ministry of Health and Long-Term Care is currently amalgamating some six programs into a single program with a clear intention of improving the efficacy and efficiency of the services delivered.
- Access to oral health services in Ontario compares favourably to most provinces in Canada and compares reasonably well to many jurisdictions outside of Canada.
There are, nevertheless, some challenges with the delivery of oral health services in Ontario – particularly for those Ontarians who are not part of the majority noted above. The Report identifies a number of underserved populations as follows:

- Unemployed, contract and part-time workers and retired seniors who do not have insurance benefits and cannot afford oral health services;
- Children of low-income families;
- Those living in small, rural and remote communities with a population too small to support a full-time oral health services professional team;
- Vulnerable populations where the social determinants of health are likely to contribute to poor overall population health, e.g., First Nations, Inuit and Metis, the homeless, new immigrants and refugees; and
- Residents of institutions, e.g., long-term care homes, and those with complex needs, e.g., mental health and addiction issues and medically complex patients.

I am a firm believer that the flip-side of challenge is opportunity and I welcome the schedule of opportunities outlined in the Monaghan Report. They are a wake-up call to Ontario’s oral health stakeholders and they encourage the oral health community to begin a new conversation about a better future for the sector.

More specifically:

1. Public health, oral health and primary care stakeholders could come together and build a consensus on strategic opportunities. Such a consensus could be prepared as advice to the Ministry of Health and Long-Term Care (MOHLTC) and to the Local Health Integration Networks (LHIN).
2. Public health, oral health, primary care and relevant speciality care stakeholders could come together in a forum dedicated to the cause of oral health research (both clinical and oral health system) and develop strategies for supporting such research.
3. LHINs could recognize oral health as a component of the overall health system in their regions.
4. LHINs could support a range of health centres and related organizations in the development and implementation of strategies to incorporate oral health assessments, referrals and services to better integrate these services into the health system.
5. All relevant parties could come together and create public education strategies re: the importance of good oral health.
6. Public health, oral health, primary care and relevant speciality care stakeholders could come together to look for and nurture opportunities for developing strong and sustainable models for interprofessional care in the delivery of oral health services.

There is not a single group in the oral health sector who can be held responsible for the challenges that the sector faces. Accordingly, the Review carefully avoids ascribing blame or culpability to any group or organization with respect to the challenges facing the sector. I applaud that aspect of the Review. Rather, Monaghan opts to look forward to the opportunities for improving the sector that is already serving the people of Ontario reasonably well.

What does this mean for CDHO? Having just celebrated twenty years of self-regulation as an independent health profession, the College is also coming to the end of a five-year strategic planning cycle and has begun pondering what it will do over the next twenty years. I have no doubt that the Monaghan Report will play a critical part in guiding the College forward and will serve as a policy reference point in the years ahead.

Once again I encourage all registrants to take the time to read through the Monaghan Report and with the College, begin pondering the opportunities that the future offers for oral health services in Ontario.
Mr. Mike Connor, President of Council, called the meeting to order in Toronto at 9:00 a.m.

Council dealt with two funding issues at the outset. The first was a motion to approve funding up to a maximum of $100,000 in support of the development of a national clinical examination. This has been a share initiative to date between the dental hygiene regulatory colleges in British Columbia, Alberta and Ontario. This examination is under development for graduates of unaccredited dental hygiene programs and for dental hygiene candidates who arrive in Canada with foreign credentials. The professional members of Council were vocal in their support for this initiative and unanimously passed the motion.

The second funding issue was a motion to approve CDHO’s annual operating budget. The Registrar presented the budget proposal to Council and noted a number of things: i) the College is continuing to operate under a deficit budget as it reduces its operating surplus in accordance with the advice of its auditor, ii) budget lines have been grouped to better reflect the actual workings of the College, i.e., a) programs and services, b) operational elements, and c) governance or council activities, iii) the deficit for 2015 is a lower projection than was the case for 2014, and iv) there will be a time when the surplus will ‘run out’ as it were – accordingly CDHO is seeking some expert advice in the development of a number of economic scenarios that will guide budget discussions in the years ahead. Council unanimously passed the motion to approve the 2015 budget.

Ms. Linda Jamieson presented a report from the College’s Policy Committee on the Spousal Treatment issue. Following a comprehensive outline of the Committee’s report Council was left with two options: i) maintain the status quo, or ii) seek a regulatory change from the government that would exempt dental hygienists from the sexual abuse designation and the penalty of automatic revocation associated with treating a spouse – this option would also include the development of a standard of practice. Council passed the second option with a majority vote and subsequently passed another motion directing the Registrar to proceed with the submission of a regulation to the Ontario Government.

Mr. Connor explained that CDHO’s five-year planning cycle had come to its natural end and that in the course of deliberating on the future of the next strategic plan, it was recognized that such an exercise should also include a review of the College’s governance model. He further allowed that the College had been working with a facilitator and that this work had led to the recognition that policy governance was the most appropriate model for CDHO to implement. With that as context, Mr. Connor introduced a series of eight policies that had been developed in the course of Council’s deliberations on strategic planning and governance. These policies include the following:

- CDHO Ends Policy,
- General Executive Constraint Policy,
- Financial Planning/Budgeting/Budget Cycle Policy,
- Financial Condition Policy,
- Human Resources Parameters Policy,
- Communication and Support to Council Policy,
- Council Strategic Agenda/Work Plan Policy, and
- Council Monitoring of the Registrar Policy.

Council passed a separate motion for each policy and approved them effective immediately.

The Registrar offered a brief administrative report but spoke to an additional item that had arisen since the original report had been shared with Council. That additional item was a report on the government’s transparency agenda. He noted that two letters had been received on this issue – one from Minister Eric Hoskins and another from Assistant Deputy Minister Suzanne McGurn. The most practical result of these letters was a December 1, 2014 deadline for responding in detail and outlining the College’s plans with respect to transparency. The Registrar noted that he had discussed this initiative with Council’s Executive Committee who had deemed the matter operational in nature and as such directed the Registrar to respond accordingly.

The Registrar also offered an update on the Report on Oral Health Services in Ontario. The Registrar noted that the report had been completed and received by Council. Accordingly, he was working with an external consultant to finalize a public release of the report. He noted further that Council members would receive appropriate notice in advance of the release.
The November 2014 Council meeting served as an opportunity to recognize Susanne Hutchings as the recipient of CDHO’s 2014 Fran Richardson Leadership Development Award. Ms. Hutchings gave a brief outline of the work she had done leading to the award. Mr. Connor thanked her for her presentation and congratulated her on behalf of the College.

The November 2014 Council meeting also offered the opportunity to recognize the contribution of two departing members.

- Ms. Salam Rifai has been a Public Member of Council nine years and has served on a number of Council Committees during that time. Mr. Connor thanked Ms. Rifai for her time on Council and her contribution to the College over the years.

- Ms. Linda Jamieson has been a professional member from District 2 for nine years. Eight of those nine years Ms. Jamieson has served on CDHO’s Executive Committee including three years as the Council President. More recently Ms. Jamieson also served as the inaugural Chair of CDHO’s Policy Committee. Mr. Connor thanked Ms. Jamieson for her time and contribution to the College and thanked her personally for her assistance to him as President of Council over the past three years.

Mr. Connor noted that the next meeting of Council is scheduled for February 6, 2015 in Toronto. He noted that this meeting would commence with a presentation from the ad hoc Committee on the College’s Bylaws. As such the meeting is expected to run for an entire day. The meeting was adjourned at 12:00 p.m.

Ms. Salam Rifai, left and Ms. Linda Jamieson, right, receiving plaques recognizing their service and dedication to the College. Ms. Rifai served as a Public member of Council nine years, and Ms. Jamieson has been a professional member from District 2 for nine years. Eight of those nine years Ms. Jamieson served on CDHO’s Executive Committee including three years as the Council President.
District Elections 2014

The College recently conducted an election for eligible candidates in electoral District 2 (Central Western Ontario – North) and District 3 (Central Western Ontario – South) to serve on the College Council. A ballot package was sent to every registrant eligible to vote in their respective electoral district and election ballots were accepted by the College until 4:30 p.m. EST on Wednesday, November 19, 2014.

Election Results for District 2 (Central Western Ontario – North)

The College received three nominations for eligible candidates in Electoral District 2 to serve on the College Council. Ms. Roma Czech, RDH and Ms. Marlene Heics, RDH were successfully elected in District 2 and will begin serving a three-year term effective February 2015 until December 2017. The College extends congratulations to Ms. Czech and Ms. Heics on their election to the Council.

Election Results for District 3 (Central Western Ontario – South)

The College received two nominations for eligible candidates in Electoral District 3 to serve on the College Council. Ms. Jennifer Turner, RDH were successfully re-elected in District 3 and will begin serving another three-year term effective February 2015 until December 2017. The College extends congratulations to Ms. Turner on her re-election to the Council.

Academic Selection 2014

The College recently issued a call for nominations for two academic representatives to serve on the College Council. The deadline for receipt of nominations was 4:30 p.m. EST on Thursday, October 30, 2014. In accordance with CDHO Bylaw No. 4, a registrant is eligible for academic selection if the registrant is teaching in an accredited dental hygiene program in Ontario as a full-time faculty member, minimum 20 hours per week with at least 10 hours of contact time with students and/or other faculty members.

Academic Selection Results

The College received one nomination for Ms. Janet Munn, RRDH. Ms. Munn was acclaimed in the academic selection and will begin serving a three-year term effective January 2015 until December 2017.

The College received one nomination for Ms. Catherine Ranson, RDH. Ms. Ranson was acclaimed in the academic selection and will begin serving another three-year term effective January 2015 until December 2017. The College extends congratulations to both Ms. Munn and Ms. Ranson on their acclamation to the College Council.
### Electoral District Information

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<th>Name</th>
<th>District Encompasses</th>
<th>Member</th>
<th>Next Election</th>
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1 The number of registrants to be elected in each of the electoral districts 1, 3, 5, 6, 7 and 8 is one and the number of registrants to be elected in electoral districts 2 and 4 is two. (CDHO Bylaw No. 4)

### Academic Selection Information

<table>
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<th>Member</th>
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<td>Janet Munn, RRDH</td>
<td>November 2017</td>
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<td>Catherine Ranson, RDH</td>
<td>November 2017</td>
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2 The Council shall be composed of two persons selected from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas or degrees in dental hygiene. (*Dental Hygiene Act, 1991*)
Preparing for the Authority to Prescribe

In 2009, the Ontario government passed Bill 179, the *Regulated Health Professions Statute Law Amendment Act, 2009*. This legislation expanded access to controlled acts for several regulated health professions including dental hygiene. Under the new legislation, the College was given authority to develop regulations that would permit dental hygienists to prescribe, dispense and sell designated drugs in practice. The College began the process to develop such a regulation.

draft was then submitted to the ministry and after some back and forth, is now ready to go before the cabinet for final approval. The College is hopeful that this will occur early in 2015.

Dental hygienists use drugs in practice to treat and prevent a number of oral conditions. Bill 179 did not affect that and dental hygienists continue to be able to purchase and use drugs in conjunction with dental hygiene therapies.

When the proposed Designated Drugs Regulation is passed, dental hygiene practice will expand to include the prescribing, dispensing and selling of fluorides and chlorhexidine. Before dental hygienists can do this, they must successfully complete an on-line competency evaluation. The Drugs in Dental Hygiene Practice Examination (DDHPE) is discussed later in this issue.

You can start your preparation for the examination now by

- Self-assessing your pharmacology knowledge
- Taking a pharmacology refresher course if needed (www.OntarioLearn.com)
- Completing the Drugs in Dental Hygiene Practice: Refresher Course (later in this issue)
- Purchasing the required texts and drug references

On January 25, 2013, Council approved the proposed Regulation, in principle, and it was circulated for stakeholder comment in accordance with Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA). The post consultation

Clinical Competency Evaluation Results – November 8, 2014

Graduates of non-accredited dental hygiene programs must successfully complete the Clinical Competency Evaluation before they can apply for registration with the CDHO. The most recent evaluation was held Saturday, November 8, 2014. Eleven candidates sat the evaluation and six were successful. Presently, there are no non-accredited dental hygiene programs in Ontario. Consequently, there has been a decline in the number of applications for the Clinical Competency Evaluation through 2013 and 2014.

<table>
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<th>Clinical Assessment Results – November 8, 2014</th>
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<tr>
<td>Total</td>
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<td>Candidates</td>
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Kudos to CDHO for its Transparent Registration Practices

By Marina Brasil

All professional regulatory bodies are required to ensure that their registration processes are transparent, objective, impartial and fair according to standards set by Ontario’s Office of Fairness Commissioner (OFC). The CDHO submits an annual Registration Practices Assessment Report to the OFC, in compliance with the Office of the Fairness Commissioner’s Continuous Improvement Strategy. The principles assessed in the 2014 cycle focused on compliance in the areas of Transparency and Impartiality.

The College was commended about its transparency in “maintaining very open governance” when it comes to providing detailed information about its public Council meetings. “This allows applicants and members of the public to see the CDHO’s approach to documenting, reviewing, updating and approving policies that govern the CDHO and affect registration.”

The College is committed to the continuous improvement of registration practices. CDHO

Visit www.cdho.org to read the report
In 2005, the government of Ontario passed the *Accessibility for Ontarians with Disabilities Act* (AODA). The purpose of this act was to remove and prevent barriers so people with disabilities have more opportunities to participate fully in everyday life. The AODA objective was to have a fully accessible Ontario by the year 2025. This act created five required accessibility standards to help organizations meet this important objective:

- Customer Service
- Employment
- Information and Communication
- Transportation
- Design of Public Space

**Accessibility Standards for the Customer Service Regulation**

The Accessibility Standards for the Customer Service Regulation affects the private, non-profit, and public sectors and applies to all people and organizations in Ontario that provide goods or service, and have one or more employees. The deadline for compliance with this regulation was January 1, 2012. In December 2011, the College of Dental Hygienists of Ontario (CDHO) in collaboration with People Access of Excellence Canada, designed accessibility guidelines intended to aid dental hygienists in developing a plan on how to provide effective care and service to clients with disabilities.

The Ontario Human Rights Code defines “disability” as:

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

(b) a condition of mental impairment or a developmental disability,

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

Organizations have obligations under the Ontario Human Rights Code respecting non-discrimination and based on the definition above, it is evident that disabilities come in different forms. For example, people with seizure disorders, severe allergies, heart conditions, cancer, or any other disease or condition that affects people in a way that they require an accommodation to access services or employment would fall under the definition.

**Integrated Accessibility Standards Regulation (IASR)**

Four standards have been combined to form the Integrated Accessibility Standards Regulation (IASR). Included are Employment, Information and Communication, Transportation, and Design of Public Space. Compliance dates for these four standards are currently being phased in with the last compliance date being January 1, 2021. The IASR does not replace or affect existing legal obligations under the Ontario Human Rights Code and other laws in respect to accommodation of people with disabilities. This means that the Ontario Human Rights Code or other applicable legislation may require additional accommodation measures that go beyond or are different from the standards established by the regulations of the AODA.

The Design of Public Spaces Standard primarily regulates outdoor spaces, such as pedestrian crossings and trails, but also regulates indoor elements not included in the Building Code, such as service counters and fixed queuing guides. Requirements are being phased in depending on the type of organization (private or public) and number of employees in the organization. In December 2013, an amendment was filed to Ontario’s Building Code to enhance accessibility in newly constructed buildings and existing buildings that are to be extensively renovated. The amendment will take effect.
on January 1, 2015. The amendments to the Building Code work together with the Design of Public Spaces standard, to finalize the government’s commitment to an accessibility standard for the built environment.

Compliance of these standards will be, and some already are, mandatory and anyone in violation may be fined. The government hopes that all organizations, including health care sector practices, will see the benefits of accessibility to provide better service for everyone. Health regulatory bodies, such as the CDHO, are not responsible for monitoring or regulating one’s compliance with accessibility standards. This falls under the domain of the provincial government.

As primary oral health care providers, dental hygienists provide a variety of services in a variety of settings, for the purpose of improving the oral health of the client and the public. Regardless of the practice setting, dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities and promote safety, respect, and support for all persons within the practice setting.

Dental hygienists who are employees of a setting may not be the primary person to ensure that the accessibility standards are being met, however, the College encourages dental hygienists to play active roles in helping meet accessibility standard requirements.

To learn more about making your practice compliant:

- Ontario Human Rights Commission.  
Peer Mentorship

By Cathy Goldberg, RDH, BEd

The new standard to apply for authorization to self-initiate came into effect August 1, 2013. The most significant change was the addition of the category of conditional authorization that allows registrants to self-initiate the controlled acts as long as they are in a mentorship contract that has been approved by the CDHO.

To become a mentor with the CDHO Peer Mentorship Program, a registered dental hygienist must be in good standing, in clinical practice for a minimum of five (5) years and currently practising as such and be authorized to self-initiate for at least two (2) years. Once accepted into the program they are granted access to the online course and workbook. This work takes about 15 hours to complete. Once completed, they must attend a full-day workshop to receive their Peer Mentorship Certificate. Once they have received their certificate, they may use the time spent in training and in mentoring to meet the professional portfolio requirements.

The first Mentoring Excellence Workshop was held in August 2013. Since then, there have been six more workshops held in Toronto, Hamilton and Ottawa. The last Mentoring Excellence Workshop was held on November 8, 2014 in Toronto, ON.

There are now 103 Peer Mentors available for mentees to seek out for possible contracts.

Mentoring Excellence Workshop – Toronto – November 15, 2014


Front row: Thao Lam, Liisa Mary Moore, Gissell Erika Arevalo, Kathryn Ann Brown.
Peer Mentor of the Year 2014

The College congratulates

KATHLEEN FERES PATRY

for being selected as the 2014 Peer Mentor of the Year.

“Throughout our mentorship exchanges Kathleen has challenged me to branch out in the dental hygiene community, to be brave enough to be a leader when necessary, and to always use my critical thinking skills.”

“...together we have established learning goals specific to my practice...”

“Kathleen has helped me approach different issues that I’ve run into in my first year of practice and has helped me to become a very well-rounded, confident and enthusiastic dental hygienist with a constant desire to learn and grow... Thank you for the opportunity to recognize such a wonderful person.”

The College congratulates Kathleen Feres-Patry and Caitlin Cashubec for being selected as the 2014 Peer Mentor of the Year.

Peer Mentor of the Year 2014

The Peer Mentor of the Year award celebrates an experienced dental hygienist, who volunteers her/his time to support the professional growth and development of another less experienced dental hygienist through the CDHO Peer Mentorship Program.

Kathleen was nominated by her mentee, Caitlin Cashubec, who moved to Ottawa after graduating from Niagara College in August 2013. In her nomination letter Caitlin described the support Kathleen offered, not only in practice but, in helping her to become involved in the Ottawa Dental Hygienists Society by inviting her to attend continuing educational activities with her.

Peer mentors are the foundation of the College’s Peer Mentorship Program and Kathleen and Caitlin’s success story is just one of many. The College gratefully acknowledges the contributions of each and every one of our Peer Mentors.

Honourable mention goes out to the runners up for the 2014 award. Congratulations to:

Meghan Banner
Roma Czech
Donna Czosnek
Gwyneth Guilbeault
Khristina Paradis
Laura Turner
Sexual Abuse, Spousal Treatment, and Mandatory Reporting

By Robert Farinaccia, RDH, BSc

The College of Dental Hygienists of Ontario’s (CDHO) mandate is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. Part of this responsibility, as mandated by the Regulated Health Professions Act, 1991 (RHPA), is that a College has a program in place to develop and implement measures for preventing and dealing with sexual abuse of clients. This program is taken very seriously by the College and the Patient Relations Committee who is charged with ensuring its functionality.

For regulated health care professionals in Ontario, the definition of sexual abuse is not as simple as it sounds. When one thinks of sexual abuse, immediately the notion of forced or undesired sexual behaviour may come to mind. However, as health professionals regulated by the RHPA, this definition takes on a broader meaning and can include any of the following conduct with respect to a client:

- **Sexual intercourse or other forms of physical sexual relations between the member and the client**
  
  This would include dating a client. Under the RHPA, health care providers are prohibited from sexual relationships with their clients. This would also apply to treating a spouse. Currently the treatment of spouses is prohibited. However, this will soon change. After thorough research and review of the matter the CDHO Council has confirmed that it will move forward with a regulation that will permit the treatment of spouses. This is a lengthy process that involves the development of a regulation, approval of the regulation by Council, a mandatory stakeholder consultation period, and approval of the regulation by the Ontario Cabinet. It is anticipated that the entire process will take at least six months. Registrants are reminded that until they receive communication from the CDHO that a spousal exception regulation has been passed by the government, they remain bound by existing legislation and are not permitted to treat their spouses.

- **Touching, of a sexual nature, of the client by the member**
  
  Any touching that occurs by a dental hygienist must be of a clinical nature appropriate to the service being provided. Actions like hugging or kissing which may be done with the most innocent intentions could land a health care professional in hot water as this could be considered boundary crossing. While dental hygienists should demonstrate professional supportive behaviour, any physical contact involving a client requires client consent and even still, should be done with caution.

- **Behaviour or remarks of a sexual nature by the member towards the client**
  
  This could include a dental hygienist telling a client a joke that has sexual content or even laughing at a sexual joke told by a client in the presence of another client. Maintaining clear and firm boundaries with clients is essential to avoid conduct that could be perceived as sexual. Dental hygienists must avoid any and all sexual behaviour while practising. If a client initiates such behaviour by telling a joke or engaging in flirtatious actions, the dental hygienist should politely but firmly put a stop to it. The dental hygienist is responsible for using her or his professional judgment to determine when a relationship with a client becomes unacceptable and as the professional in the relationship, must take the responsibility to maintain a clear boundary.
If a dental hygienist is aware of a health care professional that is treating a client and is involved in a sexual relationship with that client, then according to the *RHPA*, the dental hygienist is obligated to submit a mandatory report. All health care professionals are required to report sexual abuse of a client by another regulated health care professional. The report that is to be submitted is known as a mandatory report. The purpose of the mandatory report for issues pertaining to sexual abuse is to inform about a possible concern that a registrant of a College may have sexually abused a patient/client. This conclusion can only be made by a Panel of the College's Discipline Committee.

Mandatory reports are required:

- in writing, within 30 days to the Registrar of the appropriate College (or if there is reason to believe the abuse will continue or abuse of other clients will occur, the report must be submitted immediately);
- if the dental hygienist has reasonable grounds, obtained in the course of practising his/her profession, that a client has been sexually abused by another health care professional;
- if the name of the practitioner who was involved in the alleged abuse is known. (Dental hygienists are not required to file a mandatory report if they do not know the name of the alleged abuser.)

**Writing a Mandatory Report**

The mandatory report related to a possible case of sexual abuse must contain:

- the name of the dental hygienist filing the report;
- the name of the practitioner who is the subject of the report;
- an explanation of the alleged sexual abuse; and
- the name of the client who may have been sexually abused. Ensure that the client gives permission to include her/his name in the report and get written consent as an indication. If the client does not agree to have her/his name in the report, the dental hygienist must still submit the report but must not include the client’s name. The fact that the dental hygienist tried to obtain consent but the client refused, should be included in the report as well.

Should a mandatory report be brought to the attention of the College and a dental hygienist was found guilty of sexually abusing a client, the mandatory penalty is revocation of the dental hygienist’s certificate of registration for a minimum of five years.

Failing to report sexual abuse of patients/clients is an offence under the *RHPA* and has a punishable fine of up to $25,000 for a first offence and up to $50,000 for a second offence.

If a dental hygienist is ever in doubt as to whether something should be reported or not, has questions related to the College’s Sexual Abuse Prevention Plan, Treatment of Spouses, Mandatory Reporting and/or Boundary Crossings, they can call the College and speak to a practice advisor (anonymously if they wish) for advice. [CDHO](#)
Update on 2014 Portfolio Assessments

In January 2013, letters were sent to 3998 registrants requesting their portfolio submission by January 31, 2014. Files for 17 registrants were also carried forward from 2013 for assessment in 2014. Of the 4015 requests, 3783 registrants have completed their assessment and have met the assessment guidelines. This includes registrants who have resigned from the College and those who have been deferred to the next assessment period. There are 74 registrants still in the assessment process. This includes registrants who have additional information to submit to the Committee, those who are awaiting a second assessment and those who have received time extensions for submissions. The remaining 158 registrants are participating in directed learning or remediation to address identified deficiencies in their portfolios.

Of those registrants with deficiencies found in their portfolio, the most common included:

- Insufficient time spent on continuing quality improvement activities (56%)
- Activities listed as unacceptable in the Continuing Competency Guidelines (21%)
- No explanation of how learning benefitted clients (20%)
- Missing forms/information (18%)
- Expired CPR (15%)

In several cases, registrants had two or more of the above issues identified during their assessment.

Figure 1 compares the deficiencies found in 2014 to those found in 2012 and 2013.
2015 Portfolio Submission

Registrants who are required to submit their portfolios in January of 2015 are reminded that we will start accepting submissions on January 1, 2015.

E-mailing your professional portfolio:

- E-mail the professional portfolio to: qualityassurance@cdho.org
- You should receive confirmation by e-mail within three (3) business days.
- You can use your e-mail address in lieu of a signature, ONLY if you are submitting your portfolio by e-mail.

Mailing your professional portfolio (by post):

- Please submit a photocopy of your professional portfolio, as the one you submit for the assessment will NOT be returned. Portfolios must be kept on file as per the QA’s policy and procedures handbook.
- Photocopies should be clean, clear and legible.
- Do not staple or bind the pages. If you wish, the pages may be paper-clipped.

Mail the professional portfolio to:
Quality Assurance, College of Dental Hygienists of Ontario
69 Bloor St. E, Suite 300, Toronto, ON M4W 1A9

Notice of Public Meeting

The next Council Meeting will be held on Friday, February 6, 2015

Location: Toronto Marriott Bloor Yorkville Hotel
Time: 9:00 a.m.

All are welcome!

Seating is limited. Please contact the Office of the Registrar via email at ndalcourt@cdho.org or by telephone at 416-961-6234, ext. 223 by Friday, January 23, 2015 to advise of attendance.
2016 Selection

All registrants whose registration number ends in either “5” or “7” (i.e. ******5 or ******7) will be required to submit their quality assurance information by January 31, 2016.

Exceptions:

- Registrants who submitted their portfolios in 2011, 2012, 2013, 2014 or 2015 will not be required to submit their information
- Registrants who registered on or after July 1, 2013 will not be required to submit their information.

2014 Setting the Record Straight – Quality Assurance Edition

Presentations Come to an End

Setting the Record Straight – Quality Assurance Edition presentations were completed in the last half of 2014. During the presentations, registrants were introduced to the enhanced QA Flex Plan, received a preview of the online learning management system and were addressed by the Registrar. Since the last reporting in Milestones, presentations took place in the following locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Attendees</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudbury</td>
<td>114</td>
<td>June 5, 2014</td>
</tr>
<tr>
<td>Barrie</td>
<td>235</td>
<td>September 23, 2014</td>
</tr>
<tr>
<td>Oakville</td>
<td>352</td>
<td>September 24, 2014</td>
</tr>
<tr>
<td>Scarborough</td>
<td>175</td>
<td>October 4, 2014</td>
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<tr>
<td>Kingston</td>
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<td>Ottawa</td>
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<td>Welland</td>
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<td>October 18, 2014</td>
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<tr>
<td>Toronto</td>
<td>255</td>
<td>November 1, 2014</td>
</tr>
<tr>
<td>Webinar</td>
<td>505</td>
<td>December 4, 2014</td>
</tr>
</tbody>
</table>

A recording of the webinar will be made available to registrants who were unable to attend a live presentation. Watch your E-Brief for more details.

2016 Selection Based on Last Digit of Your Registration Number

The Quality Assurance Committee has determined that participation in the January 2016 and in future QA assessments will be determined by a random selection based on the last digit of your 6-digit registration ID number. Each year, two numbers will be randomly drawn. All registrants whose ID ends in either of those numbers will be required to participate in the program. The following year, two different groups will be randomly selected. No registrant will be selected for a second time until all registrants have had the opportunity to participate.

Notification of registrants will also occur via the e-brief and by e-mail or regular mail depending upon the preference you have indicated during your renewal. If you are not sure which preference you have indicated, go to www.cdho.org and click on the “Registrant Login” button on the top right of our main page. To access your personal information you will need to log in where you will be able to see your last and next QA assessment year.

At the end of January, you will be able to check online to see if you are required to participate in the Program in January 2016.
Quality Assurance Flex Plan

The Committee completed the program evaluation and made some amendments/enhancements to the Quality Assurance Program. All registrants will be required to complete the self-assessment tool annually starting in January of 2016. Once selected to participate in the peer review component of the program, registrants will be able to choose from one of three options for demonstrating their competence.

The following table shows the three options available:

| Table 1 |
|-----------------|-----------------|-----------------|
| **Option 1** | **Option 2** | **Option 3** |
| Learning portfolio* | Written assessment administered by NDHCB** | Written assessment administered by NDHCB** |
| Practice profile*** | Practice profile*** | Onsite practice assessment |

|Mandatory Self-Assessment (Using the Online Learning Management System)|
|---|---|---|
| Allows for demonstration and verification of knowledge | Allows for demonstration and verification of skills and judgment |

* Learning Portfolio to include: Reporting on goals and learning activities. Goals are established based on the completed self-assessment.
** This assessment will be administered by the National Dental Hygiene Certification Board. A fee of $125.00 plus taxes will be charged by the NDHCB for the administration of each attempt of this assessment.
*** Practice Profile to include: Description of typical day in practice with prompting and checkboxes in the new Online Learning Management System to cover services provided, infection control and record keeping.

The new flexible program will be fully implemented in January 2015 for the 2016 submissions. Information about the Flex Plan was presented to registrants during the 2014 Setting the Record Straight – Quality Assurance Edition presentation as well as in the March 2014 and July 2014 issues of Milestones.
Important Information

In preparation for new legislation that will permit dental hygienists to prescribe, dispense and sell chlorhexidine and fluoride, the College has prepared a self-study course that will prepare you to write the qualifying examination.

Dental hygienists wishing to include prescribing, dispensing or selling drugs in their practice must successfully complete the Drugs in Dental Hygiene Practice Examination (DDHPE). The Drugs in Dental Hygiene Practice: Refresher Course was designed to aid Ontario dental hygienists in preparing to write the DDHPE.

Course Description

The self-study course provides an update in key aspects of recommending, prescribing, dispensing, selling and using drugs in the context of dental hygiene practice. The importance of resourcing appropriate drug reference materials and applying the information to support safe, effective client care will be emphasized.

Course Format

- Downloadable PDF document
- Self-paced study
- Learning activities using text and/or Internet, and/or other health professionals
- Self-build study guide

Prerequisite Learning

The College’s entry-to-practice requirements include an evaluation of the applicant’s dental hygiene curriculum and all dental hygiene programs must include an acceptable pharmacology component. As such, all Registered Dental Hygienists have the prerequisite knowledge to be successful in the DDHPE but some may require a refresher that includes new changes to legislation, principles of prescribing, dispensing and selling and groups of pharmaceuticals used to treat general and oral health problems.

For dental hygienists who wish to upgrade their pharmacology knowledge beyond the refresher course prior to taking the DDHPE and/or self-study component, dental hygiene pharmacology courses are available through OntarioLearn.com.

Distance Learning

The refresher course and DDHPE can be completed entirely on-line. The self-study course and the self-build study guide are downloadable files that can be saved and also printed. The examination is administered on-line and can be completed from any computer.

Costs

The self-study course and DDHPE are available without cost to registrants, however, there will be costs associated with the purchase of the course textbooks.

The Knowledge Network

Find the clinical information you need at: www.cdho.org/QAKnowledgeNetwork.htm

View our Fact Sheets!

- Celiac Disease
- Chicken Pox
- Conjunctivitis
- Crohn's Disease
- Head Lice
- Impetigo
- Influenza
- Lupus
- Measles
- Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)
- Mumps
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Rubella (German Measles)
- Shingles (Herpes Zoster)
- Strep Throat (Group A Strep)
- Tuberculosis (TB)
- Ulcerative Colitis
Dental hygienists wishing to include prescribing, dispensing or selling drugs in their practice must successfully complete the Drugs in Dental Hygiene Practice Examination (DDHPE).

**Eligibility to Take the Examination**

You must hold a current registration with the CDHO in the General or Specialty class to be eligible to take the exam. Dental hygiene students are not permitted to take the examination until they have successfully registered with the College.

**About the Examination**

- 75 multiple-choice questions
- No limits to the number of attempts you take to successfully complete the exam
- All attempts will be tracked by the College
- Open book examination
- 2 hours to complete the examination
- Correctly answer 60 questions (80%) to be successful
- Immediate feedback post exam

**Preparing for the Examination**

(Highly Recommended)

- Drugs in Dental Hygiene Practice: Refresher Course
- Review the documents referenced in each learning section
- Complete your self-build study guide

**Accessing the Examination**

Instructions will be posted on the website when the examination is open. Watch for an announcement in upcoming e-briefs. The examination will be available online 24/7.
LETTER OF APOLOGY

From time to time, your colleagues make decisions that require an intervention by your regulatory college. Ideally, this would never happen but none of us lives in an ideal world. In some cases, a registrant recognizes the error of their ways and seeks to atone for their errors and get on with the professional responsibilities of a dental hygienist. See below for a public apology that represent a new start for such a registrant.

November 03, 2014
Grace Cardona
Reg. RDH 011112
Brampton, Ontario

I would like to extend with great penitence and sincerest apology, having realized the seriousness of providing the CDHO with falsified information respecting aspects of my 2013 professional portfolio. My action to submit the same typical day as my co-worker was disrespectful. I also extend my deepest regrets and sincerest apology to my co-worker whom I respect as a colleague and a friend. I take accountability for my mistake and embrace the guidance the CDHO and the Quality Assurance Committee has to offer.

I distinctly understand and respect the CDHO Mission Statement; 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.

I am privileged to be a member of the CDHO and part of a profession that maintains high standards of quality assurance.

Sincerely,

Grace Cardona RDH
When allegations related to the conduct of a Registrant are referred for Discipline, evidence is presented in a public hearing before a panel of the Discipline Committee. The finding and the penalty (if applicable) are published on the CDHO’s public register.

**If a Discipline Panel makes a finding of guilt, the following penalties may be imposed:**

- **Reprimand** – the Registrant is required to appear in person before a panel to receive a reprimand.
- **Suspension** – the Registrant’s certificate of registration is suspended for a defined period of time in which the registrant is not permitted to practise.
- **Fine** – the registrant is ordered to pay a fine payable to the Ontario government.
- **Terms, Conditions and Limitations** – the Registrant is required to comply with specific terms, conditions or limitations that are imposed on the Registrant’s certificate of registration. Examples include:
  - Completion of an ethics course within six months;
  - Written report or apology submitted to the Registrar;
  - Completion of the College’s Online Jurisprudence Education Module within three months;
  - Another requirement that the Panel feels appropriately addresses the guilty conduct.
- **Revocation** – the Registrant’s certificate of registration can be revoked.

**Costs:** A Discipline Panel can also make an order, separate from the penalty, that the Registrant pay costs to the College. Failure to pay costs can result in the account being sent to a Collection Agency.

**What if I decide to resign?** A Registrant cannot avoid complying with an order of a Discipline Panel by resigning then later returning to practice. The Registrant would still be required to comply with the order.

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**Name the New QA ‘Online’ Learning Management ‘System’**

- Secure login
- Self-assessment Tool
- Help with goal selection
- Practice profile
- Learning portfolio
- Track learning and hours
- Manage reports and upload documents

**Needed: A name that is**

- Friendly
- Easy to remember

Send to [lkurti@cdho.org](mailto:lkurti@cdho.org) by January 31, 2015. Top 5 will be selected and everyone will have an opportunity to vote on the winning name. Winner receives the New 2014 Edition Darby & Walsh.
Ms. Andrea Cyr – 008167

Practice address: 36 Summit Cres., Upper Tantallon, NS  B3Z 1P8

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– On January 19, 2012, the Quality Assurance Committee (QAC) directed Ms. Cyr to submit her professional portfolio. The QAC provided Ms. Cyr until January 31, 2013 to do so. Ms. Cyr did not submit her professional portfolio.
– On March 5, 2013, the QAC referred Ms. Cyr to a panel of the Inquiries, Complaints and Reports Committee (ICRC) for failing to comply with the QAC’s direction.
– On March 25, 2013, the College wrote to Ms. Cyr requesting that she provide an explanation to the ICRC regarding her failure to comply with the QAC’s direction, and asked her to respond by April 15, 2013. Ms. Cyr did not respond to that letter and did not submit her professional portfolio.
– On May 17, 2013, the College wrote to Ms. Cyr providing her with a third opportunity to respond by May 24, 2013.
– On May 27, 2013, Ms. Cyr contacted the College indicating her intention to resign from the College.
– On May 28 2013, the College wrote to Ms. Cyr enclosing an Acknowledgement and Undertaking to resign her certificate of registration, and requesting its completed return by June 4, 2013. Ms. Cyr did not respond to that letter, further correspondence or phone calls from the College, or submit her professional portfolio. Ms. Cyr eventually responded after the matter was referred to discipline on November 5, 2013.
– Ms. Cyr does not intend to practice dental hygiene in Ontario in the foreseeable future, but she wishes to maintain her right to return to practice in Ontario if her personal circumstances change.

DECISION

1. Findings
– The panel accepted as true the facts set out in the Agreed Statement of Facts and found Ms. Cyr guilty of professional misconduct pursuant to paragraphs 43, 52 and 53 of Section 15 of Ontario Regulation 218/92, as amended, under the Dental Hygiene Act, 1991; and paragraph 51(1) (b.0.1.) of the Code.

2. Penalty
– Reprimand.
– Suspension of certificate for four weeks, to commence on the date of the Order.
– Completion of all outstanding Quality Assurance obligations to the satisfaction of the Quality Assurance Committee prior to returning to active practice in Ontario.
– Successful completion of a Professional/Problem-Based Ethics course within eight (8) months of returning to active practice in Ontario.
– For a period of two (2) years after the date of the Order, Ms. Cyr must respond to any College request or inquiry within the deadline given by the College or if no deadline is given, within 30 days or such request or inquiry.

3. Costs
– Costs to the College in the amount of $1,200.00 payable by way of equal monthly installments of $100. Ms. Cyr
was required to provide twelve postdated cheques to the College by October 1, 2014.

4. Panel’s Reasoning
   - In the circumstances of this case the Panel accepted the jointly proposed penalty and costs order as reasonable and appropriate.
   - Compliance with the requirements of the Quality Assurance Program is necessary in the public interest. Responding to the communication of the College is critical if the College is to fulfill its obligation to protect the public. Breaches of these obligations will not be tolerated, as both are important obligations of a registrant.
   - The public expects the College to ensure that Quality Assurance requirements are satisfied. Dental hygienists, like other health professionals, must abide by their obligations if they wish to continue to practice.
   - The Panel considered the following mitigating factors:
     i. There was no prior disciplinary record.
     ii. Ms. Cyr demonstrated remorse by her plea and cooperation with the College.
     iii. Ms. Cyr apologized for her conduct.
   - The Panel considered the following aggravating factors:
     i. Repeated failure to cooperate with the Quality Assurance Committee, after numerous opportunities to comply were extended by the College.

Ms. Lisa Elizabeth Simone – 008663

Practice address: 163 River Ridge Blvd, Aurora, ON L4G 7T7

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
   - Failed to reply appropriately to the College (paragraph 43).
   - Failed to comply with an order of a Committee of the College (paragraph 45).
   - Contravened by act or omission the Dental Hygiene Act, 1991 or a regulation thereunder (paragraph 47).
   - Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
   - Conduct unbecoming a dental hygienist (paragraph 53).
   - Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS
   - The Inquiries, Complaints and Reports Committee referred Ms. Lisa Simone to the Discipline Committee on May 2, 2014 to hold a hearing relating to the allegations listed above.

DECISION
   - A hearing respecting the allegations against Ms. Simone was in the process of being scheduled. However, as Ms. Simone signed an Undertaking agreeing to resign from the College and never to re-apply for registration as a dental hygienist in Ontario, a Panel of the Discipline Committee agreed to hold the disciplinary proceedings in abeyance.

CDHO was required to provide twelve postdated cheques to the College by October 1, 2014.

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

Robert Farinaccia, RDH ext. 237  rfarinaccia@cdho.org
Cathy Goldberg, RDH ext. 238  cgoldberg@cdho.org
It is with great honour that I accept this award. I understand the Fran Richardson Leadership Development Award is a relatively new offering with this being the second year and I am proud to be the recipient. I would like to share a bit about the project that I am involved with that led to this award.

I have practised for 26 years as a dental hygienist in a general dental practice where I do both dental hygiene and restorative hygiene. When I became authorized for self-initiation I was inspired to compliment my traditional dental hygiene role and become more active and involved in the community. By practising in long-term care homes as well as transitional homes for victims of abuse and physically challenged individuals, I have fulfilled my vision. These experiences of providing dental care to a portion of the population that has barriers to receiving regular dental care was exactly what I had set out to do. I am able to contribute toward dental health prevention and maintenance to many who were not accessing dental services for many reasons. Reasons such as transportation barriers, fear of traditional dental office settings and sometimes just lacking the life skills required to make and keep an appointment.

On one particular day I did a dental presentation for a life skills class at a women’s transitional housing complex. At this presentation, I was asked many questions. A few, about oral hygiene, a few about dental products—but the main questions they had were of their own sore teeth. Teeth that had not had regular professional care. I was able to explain to them about all of the resources available to their dependents who are 17 and younger but as adults with no dental coverage it was their own needs that were not being met.

In particular, was one 30-year-old woman. I’ll call her Samantha. Samantha explained to me that she had been diagnosed by a dentist 2 years ago to have all of her teeth removed because of a hopeless prognosis due to severe periodontitis and many painful abscesses. She had been able to coordinate having her teeth removed by OHIP in hospital but she wasn’t able to go ahead with treatment as she did not have the means to afford dentures.

So...what did she do?

She did nothing—That’s the reality. No money equals-no teeth.

So, here’s what I did. My husband, Brian Hutchings worked in social services for several years with the Region of Niagara. Through him, I became familiar with many of Niagara’s community service agencies and I went about asking them for donations to help pay for Samantha’s dentures. One of the agencies that supported her was The United Way of St. Catharines. The executive director took special interest in her cause because The United Way is asked so often for help with funding dental issues and does not have a specific fund for this need. She was interested in my views as a dental professional on how we, meaning the community, can do a better job of helping those in need of obtaining dental care who just can’t afford it. Together, we brainstormed and came up with a vision. We wanted to create a fund for individuals to access when they are in need of dental services that they can’t afford. Our Project is called “Brushed Aside” and it is a “Dental Care Access Program.”
Here’s how the project works. Clients can access the fund through their respective social service agency. It is the agency that determines the financial need of a client, helps them access any other money they may be entitled to – be it through Ontario Works, for example. A phone call is then made to The United Way of St. Catharines, and they begin the application process. We review again, that they have secured any other funds they may be entitled to and then offer the full amount, or the remainder, to complete the required treatment. This is a new project that has not previously received any funding. The funding we have received will allow us to work with participants, agencies and community partners to develop a sustainable model that will be supported by all involved parties. By incorporating individual repayment plans into this program, a portion of the funds will be repaid and this will serve to create a more sustainable program.

My years of experience in the dental community have brought me valuable knowledge. The specific skills I obtained have helped me to communicate effectively toward articulating the needs of those I represent. I am able to make decisions within the strategic planning of this program from the view of a dental professional which has translated into leadership that is dedicated to the public interest.

Working together with The United Way gives this project needed credibility. The United Way is in a unique position of bringing together donors, community partners, local agencies and individuals in need of assistance to help address this issue. This initiative has helped to address an immediate unmet need and provide people in our community with an opportunity to improve their quality of life. More adults in Niagara will be able to access required dental treatment and as a result they will have fewer days missed work or school and as well – fewer visits to emergency rooms or the doctor’s office. They will live with reduced pain and gain greater confidence to engage socially, enjoy conversations, laugh and smile. And – I am happy to report; Samantha now has had her surgery and is adjusting well to her new dentures. Her life has changed. She can smile, eat and has a confidence she hasn’t experienced for years.

When I wrote the application for this award we had not raised any money yet. We were still strategizing on a fundraising plan. The $5000 from this award, will be donated to the fund. That was to be a nice beginning. But – I am happy to tell you that through an application for a grant named the Niagara Prosperity Initiative we now have $70,000 in our fund.

Getting out into the community was the inspiration that brought me to this initiative. I would like to encourage anyone with an interest to help others, with anything, to physically get involved with the people receiving the service. Going to Gala’s, fundraisers, selling raffle tickets are all great ways to raise money toward a cause. But, it’s getting in there, making a connection, building a relationship, going to the actual agency you want to help – that is what really builds an energy and excitement toward a cause. By sharing the skills and strengths you have – both you and the recipients will benefit. It’s always a win win!

I love the name of this award. It’s not just a Leadership award. It’s a Leadership DEVELOPMENT award. It develops leaders. I know from my years as a college registrant how Fran’s Leadership transitioned the Dental Hygiene profession from our years as RCDS Members – to this, the College we all know now. Was Fran born a leader? Probably she was! But I’ll bet even she would say that her leadership skills developed through the years. It grew through the good years, and, it grew through the challenging years. All of her experiences have led to HER development as a leader. It doesn’t surprise me that she is now mentoring dental hygienists to become leaders through this award and I thank her for that.
All Registered Dental Hygienists are required to renew their College of Dental Hygienists of Ontario (CDHO) certificate of registration on or before January 1, 2015.

- The CDHO is the regulatory body for the profession, and registration is a legal requirement to practise dental hygiene in Ontario.
- Registrants are required to renew their CDHO registration online no later than January 1st each year or to indicate that they have chosen to resign. Failure to renew or resign will result in the suspension of a registrant’s certificate.
- Membership with the professional associations (CDHA and ODHA) is separate and should not be confused with the CDHO’s requirements.

Registration Renewal FAQs

When can I renew my certificate of registration?
Online registration renewals are now open.

What if my renewal application or renewal fee is submitted after January 1?
A late payment fee of $100 will be imposed for renewals received after January 1, 2015. Renewal fee payments postmarked after January 2, 2015 are subject to the late payment fee.

When can I expect to receive my renewal notice?
The College sends out e-mail reminders to all registrants starting in mid-November to the email address on file.

What if I don’t receive a reminder to renew my certificate of registration?
It is the registrants’ responsibility to renew their certificate of registration even if they fail to receive the renewal notice.

Registrants are required to notify the College within 14 days of any changes to their contact information. This includes business and residence, telephone numbers, and email addresses.

Where can I find my registration number?
Registration numbers can be found on the CDHO webpage www.cdho.org, by clicking on “Find a Registered Dental Hygienist” and searching by last name. Click on your name to see your registration number on the right side of the screen.

What is my password? I forgot my password; what do I do?
To retrieve a lost password go to www.cdho.org, click on the 2015 Online Renewal link, select “Forgot your password” on the Renewal page, enter the 6-digit registration number and click “Send my password”. The password will be sent automatically to the email address CDHO has on file.

What are my renewal options?
Applicants have three options to renew their Certificate of Registration:

1. General/Specialty – to continue to hold a General/Specialty certificate of registration, registrants must meet the basic registration requirements (i.e. valid professional liability insurance, participation in the Quality Assurance Program). Specialty status applies to registrants who have completed a program in restorative dental hygiene that meets the requirements of the College.

2. Inactive – is usually held by registrants who are taking some time away from practice. A CDHO registrant with an Inactive certificate of registration cannot practise dental hygiene in Ontario. Inactive registrants must participate in the Quality Assurance Program.

3. Resign – Registrants should formally notify the College of their intention to resign. Resignation is one of the choices on the online renewal menu.
What happens if I fail to notify the College that I am resigning?
Failure to renew or to formally resign on or before January 1st will result in suspension of the certificate of registration for non-payment of fees. Certificates of registration are automatically revoked two (2) years after being suspended. The public register will permanently indicate the status of the certificate of registration as “suspended” or “revoked” and this information will also be published in the College publication, Milestones.

What if I am currently under investigation and want to resign?
Registrants who are currently under investigation and wish to resign their certificate of registration, should send an email to info@cdho.org, c/o Manager, Investigations and Hearings.

I am retired but want to retain my registration. Is this possible?
Registrants who are considering retiring from practice may choose to continue to hold an Inactive certificate of registration. This category of registration does not permit registrants to practise dental hygiene in Ontario, but they will continue to receive CDHO communications. Inactive registrants are required to maintain a Professional Portfolio and to keep the College apprised of their contact information.

I currently hold a General/Specialty Certificate of Registration, and will be taking a leave for a year; what do I have to do to change to Inactive status?
Registrants who are on leave can change their status to Inactive. Changes to registration status from General or Specialty to Inactive can only be made during the online renewal period. If you intend to practise in January 2015, you must renew as General or Specialty for 2015.

I want to change from Inactive to a General (or Specialty) Certificate of Registration. What do I need to do?
Changes from Inactive to General or Specialty cannot be completed online. To avoid the late penalty, it is recommended that registrants renew online as Inactive, then complete the appropriate application form, pay the additional fee and submit all documentation to the CDHO. To be registered to practise as of January 1st, it is advisable to submit the required documentation and payment no later than December 15 in order to allow for processing time. Once the application has been processed the registrant will be notified, and will be eligible to practise.

What are the 2015 renewal fees?
Renewals for General/Specialty are $250
Renewals for Inactive are $50
A late payment fee of $100 will be imposed for renewals received after January 1, 2015.

When choosing the offline payment option, certified cheques and money orders must include the registration number. All payments submitted by mail must be postmarked no later than January 2, 2015 and must be accompanied by the printed invoice.

Did You Know?
The guide to the new Quality Assurance Flex Plan will be available on www.cdho.org starting January 1, 2015. Everything you need to know about the new and improved QA Program will be available with a click of your mouse!
New Registrants
July 1, 2014 to November 30, 2014

Adams, Yolonda 017229
Adoun, Sema 017273
Afra, Atena 017183
Ainsworth-Ball, Holly Elizabeth 017186
Ali, Ihab 017260
Alvarez Visbal, Sugey Maria 017225
Amey, Kaitlyne 017347
Arab, Ashley 017140
Arduini, Venessa 017337
Arevalo, Gabriella Elizabeth Hasse 017174
Arnew, Kirsten Jennifer 017293
Arnold, Jessica 017269
Asghar, Qurat ul ain 017285
Azizi, Mariam 017200
Baker, Stephanie 017365
Barssom, Mona 017370
Barragan, Juliana 017086
Barragan, Julianna 017354
Barssom, Mona 017308
Beatty, Heather Marguerite 017229
Benedict, Mary 017270
Biddulph, Happy 017248
Bidasinska, Monica 017373
Bigras, Kandace Marie 017246
Blain, Annie Christine 017177
Blouin, Maicée 017116
Bononini-Massalin, Taylor 017204
Bortolotti, Carlyle 017214
Bouline, Adam Andrew Robert 017194
Boyle, Hannah Lynne 017206
Brennan, Kendra Lynn 017294
Brettscneider, Mallarie Elizabeth 017329
Briguglio, Ashley 017070
Brown, Amanda Elizabeth 017084
Brown, Jennifer Marie 017110
Brownlee, Victoria 017049
Brunette, Mélissa 017154
Brunt, Megan 017280
Budval, Mohineel 017234
Burnett, Merissa June 017358
Cabrera, Adriana 017294
Cabrera, Olena 017357
Callao, Rykah 017131
Cammaert, Meghan 017127
Cammock, Kadian Saniesha 017258
Campbell, Lauren 017063
Caoquette, Claudine 017090
Capule, Ryan 017324
Carvalho, Emily Anne 017263
Cavanagh, Lindsay Ann 017119
Cerquozzi, Amanda 017068
Chani, Sunit 017298
Charchut, Marlena 017289
Charlebois, Amber Lynne 017319
Chartrand, Amanda Nadine 017136
Cheechoo, Tina 017220
Chin, Charmain Lamore 017327
Cho, Eun Jae 017079
Choi, Seojin 017162
Clarke, Stephanie Michelle 017132
Clements, Nicole 017121
Conduit, Anca Gabriela 017062
Cook, Rebecca Dawn 017253
Coric, Danko 017244
Coursol, Marie-France 017101
Courtney, Rebecca Erin Story 017082
Cringe, Katie 017201
Da Silva, Alexandra 017252
Danforth, Paige 017281
Davis, Danielle Heather Anne 017276
Davis, Randall 017114
Day, Ellen 017089
De La Rosa, Jennifer 017287
Del Guice, Lia Linda 017369
De Cruz, Jerome Jane 017245
Del Pena, Narcisa del Campo 017301
Delgado, Stephanie Jacqueline 017300
De Lorenzi, Kathryn 017359
Delos Angeles, Aiko 017264
DeMarco, Cynthia 017313
Depame, Meghan Alexandra 017113
Derome, Geneviève 017137
Derouin, Kristel 017321
Dionan, Kimberly 017163
Dodok, Christina 017133
Doucet, Vanessa 017320
Douglas, Shannon Anne 017249
Drake, Amanda 017098
Driedger, Kelsey Elizabeth 017198
Edwards-James, Tinika 017349
Eilat, Miriam 017349
Eldali, Majeda 017210
Espino, Elsa 017283
Ezzeddine, Mariam 017196
Faraji, Sayena 017284
Farhat, Mariam 017297
Fench, Cassandra 017171
Figueiredo, Melissa Rene 017360
Fiorino, Alessia 017317
Fitz, Natasha Alice 017181
Fournier, Karine 017149
Fouquet, Stephanie 017268
Fraser, Cassidy 017262
Fraser, Chelsea Jennifer 017111
Galea-Andrews, Ashley 017242
Gallucci, Samantha 017157
Garcia Alfonso, Lilibeth 017093
Garnett, Ashleigh 017134
Gibson, Emma Lee 017117
Gill, Manpreet Kaur 017159
Gohier, Isabelle 017175
Gomez Calito, Evelyn Carolina 017271
Gonzalves, Celina Madeira 017209
Gonzalez Salas, Luis Orlando 017226
Gourde, Roxanne 017143
Goyak, Melissa 017238
Grabosky, Natasha 017189
Gray, Courtney 017259
Grewal, Mohinder 017305
Guevara Alfonso, Gina Astrid 017367
Guitard, Manon Lisa 017168
Gupta, Anchal 017064
Haan, Carina 017302
Haberstock, Rachel 017239
Haley, Amanda 017341
Haliﬁ, Mary Ann Gazelle 017364
Hank, Laura 017087
Hayes, Jamie-Lynn 017160
Hayes, Shivvon 017303
Henley, Shauna Lee 017152
Herrett, Tracy Katherine 017270
Heuser, Chandal 017203
Hills, Jenna Ashley 017212
Hines, Diane 017291
Hoage, Jodie Elinor 017274
Hope, Auberley 017278
Houle, Linda Marie 017102
Howell, Brittany Lynn 017144
Iftikhar, Meryem 017277
Jacobson, Sara 017185
Jacques, Alyse Louise 017173
Jahn, Nicole 017109
James, Madeline Rebecca 017342
Janusiewicz, Anna 017178
Jeffery, Tara 017193
Jewell, Bailey Brenda 017166
Jiang, Min 017335
Johal, Navneet 017346
Jones, Brock Cameron 017099
Jubenville, Ashley 017065
Julian, Erica Lynn 017018
Kale, Samantha 017080
Kazbar, Hala 017316
Kelemen, Ainsley Kathleen 017322
Keller, Crystal 017112
Kelly, Camie 017312
Kemp, Leslie 017074
Ketavong, Amanda 017352
Khan, Ghazia 017257
Khan, Ghazia 017257
Kim, Ahruem 017187
Kimball, Courtney 017161
Kirby, Nicole 017310
Kirupakaran, Kiru 017251
Kour, Akashdeep 017236
Kychma, Khristyna 017309
Labonté, Stéphanie 017232
Lalonde, Sarah 017069
Landriault, Marc-Antoine 017073
Landry, Marcy Lynn 017071
Landry, Rebecca 017145
Langevin, Rebecca 017103
Lariviere-Plouffe, Alisha Lyn 017100
Lecours, Kristen 017094
Leduc-Sloboda, Mariah 017078
Lee, In Se 017110
Lee, Jackie Kit-Lui 017272
Leger, Shelby Anne 017372
Leon, Rachel Carolyn 017097
Levasseur, Joelle Nicole 017191
Limson, Regina 017211
Loja, Jessica Pamela 017223
Luo, Hengjuan 017331
Lush, Samantha 017262
Maginnis, Amber Christine 017139
Maironis, Chrisanthi 017337
Maitland, Jenna Marie 017214
Marcotte, Melissa Soleil 017095
Marentette, Nicole Lindsey 017192
Martin, Amanda 017074
Matheson, Kendall Victoria 017296
McDonagh, Samantha Wynn 017135
McDonald, Brittany 017081
McDonald, Sarah 017254
McMullen, Grace Yap 017165
McRobert, Anne Doreen 017092
Mehdizadeh, Jila 017338
Mehni, Neetu 017344
Metcalfe, Jacqueline 017365
Mohiby, Frozan 017167
Moloughney, Kathleen 017350
Moncayo, Daniela 017124
Moon, Eva 017306
Morley, Salem Elizabeth 017279
Morson, Laura Lyn 017125
Moyo, Justice 017353
Muir, Sarah 017088
Myers, Emily Grace 017106
Myers, Jessica Joan 017290
Nagelapalli, Srilakshmi 017153
Nasapour, Atina 017202
Nasir, Noorulain 017250
Nasser, Fatma 017128
Nathoo, Rahim 017312
Neault, Holly Leticia June 017066
Neil-Mistal, Katrina 017151
Nguyen, Khuyen Thi Ngoc 017222
Nguyen, Kim Le 017126
Nigma, Hanan 017336
Northcott, Hailey 017292
Obana, Precious 017138
O'Brien, Mackenzie Paige 017295
O'Brien, Shannon 017115
O'Connor, Chelsey 017197
O'Hara, Kelly Morgan 017332
Olindan Oda, Olivia E. 017330
Oliveira, Kourtney 017077
Olson, Kayla 017142
Onvlee, Sarah 017286
Opoku, Derek 017261
Ormco, Emilia Oriana Baldussi 017233
Oware, Sandra Adoea 017067
Patel, Kajalben 017224
Patel, Manisha 017122
Patek, Priyanka 017150
Patiornik, Michelle 017141
Pedlar, Kimberly Erin 017235
Pedro, Jenny-Vieira 017091
Peloso, Laura Giuseppina Cristina 017375
Pepper, Rebecca 017107
Perez, Alyssa Jennica 017288
Phelps, Christine Anne 017105
Pino, Jenitta Tatziana 017326
Ponce De Leon, Ryan 017179
Potter, Vanessa Anne 017366
Power-Fardy, Rachel 017216
Pradolini, Victoria Alexandra 017247
Proctor, Brittany Michele 017362
Provenzano, Alessia 017195
Pruisky, Meagan Marie 017207
Randeo, Jasdeep Kaur 017182
Randhawa, Puneet Kaur 017111
Ranger, Samantha 017118
Ray, Alyssa Kathryn 017230
Reed, Natasha Jean 017210
Rehe, Jessica Marie 017129
Ridsdale, Jennifer 017378
Robb, Amanda 017164
Roberts, Rose 017348
Robichaud, Carolyn 017176
Rodrigues, Pires, Brittany 017156
Rodriguez, Adrianna Veronica 017227
Romansuk, Tanya Oksana 017215
Rup, Kathy 017085
Ryan, Haley 017158
Rzeznikiewicz, Valentine 017374
Sabo, Samantha Joan 017299
Sachdeva, Kajal 017265
Saint, Rachel Leigh 017355
Samson, Katelyn Evelyn 017188
Sanchez, Meagan 017218
Savino, Antonella 017184
Savoie, Meghan 017339
Sazonova, Oleksandra 017345
Sazonova, Olena 017334
Servins, Kristin Alexandra 017368
Setchell, Alannah Lauren 017318
Shaw, Elizabeth 017213
Shojaei, Mitra 017228
Silva, Tania 017148
Sirianni, Lisa Marie 017333
Skara, Katrina 017221
Sordachanh, Phitsamay 017241
Spilchen, Lindi 017325
Spittal, Tammy 017205
St. Clair, Taylor 017351
Steel, Zoé Paris 017356
Stoia, Ligia 017243
Street, Alexandria 017275
Tamo, Jacqueline 017240
Tarig, Shahida 017155
Tayeb, Zuhal 017169
Tessier, Jenna Marie 017072
Tessier, Michelle 017323
Thorat, Rajkumar 017266
Tissot, Kim 017146
Tomic, Marina 017363
Traina, Melissa Rachel 017340
Tupper, Michelle Falon 017315
Turgeon, Stephanie Ann 017172
Vaillancourt, Rebecca 017256
Van Reek, Kerry Lorraine 017267
Vega, Gisselle 017083
Vickinadas, Vibeish 017180
Vo, Hien Kim 017304
Vogel, Jessica 017231
Wilson, Ashleigh Kristine 017343
Wilson, Meagan Margaret 017217
Wong, Margaret 017328
Woodswiss, Katie 017130
Yasmeen, Sumera 017237
Yatchuk, Paige 017125
Zilney, Kaitlyn 017076
Zinko, Zachary 017307

Authorized for Self-Initiation
July 1, 2014 to November 30, 2014

Anton, Jaclyn Lucile 013598
Baak, Michele 015434
Bateman, Tiffany 015819
Belovol, Irina 009027
Bishay, George 016878
Boardman, Kelly 010425
Buckley, Pilar 015077
Burtiniak, Natalie 015090
Calabro, Lucia 008583
Caparas, Kathleen 014294
Caputo, Josie 013640
Chapman, Wendy Clare 013412
Charles, Kelly Allyn 010071
Christos, Tawnia 006361
Clark, Cynthia Loretta 009456
Crowe, Jessica Ann 008140
Dalipe, Caitlin 015195
Davies, Jacques 015475
De Lima, Sueli 014913
Denney, Naomi Ruth 005773
DeRose, Giovanna 014920
Dias, Ashley 012195
Diaz, Ulia 011434
Di Nardo, Victoria 016230
Draper, Elizabeth 012292
Duffin, Rachel 015523
Dyment, April 015136
Easson, Jackie Michelle 007917
Esquivel, Christine 015644
Faulkner, Colleen Mary 012578
Ferron, Shelley Ann 007822
Feruelo, Roanna 014253
Florczak, Julia 014378
Foster, Kelly 015459
Frazer, Dawn 004463
Fynny, Sandra Lynn 003046
Gantlett, Christina 015117
Gavin, Linda 015804
Gontcharova, Natalia 014914
Goree, Amber 014358
Hammoud, Manal 015727
Haslam, Jennifer 011804
Hendrick, Kathryn F 000647
Ho, Irene Hoi-Ling 013199
Hollands, Steacy Anne 016838
Huynh, Rosy 016020
Ilyenko, Lesya 014440

DECEMBER 2014
20TH ANNIVERSARY
MILESTONES 33
Milestones

20th Anniversary December 2014

Peer Mentors
As of November 15, 2014

Arevalo, Gissell Erika 013210
Brooks-Matwichuk, Natalie Jane 008188
Brown, Kathryn Ann 001364
Clubine, Angela Anne Helen 012109
Fung, James 008983
Johnson, Tanya 011117
Leroux, Pauline 007803
Moore, Liisa Mary 010574
Needham, Nancy Lynn 007114
O’Hagan, Mary Therese 002091
Stumpf, Irene 007586
Veeneaman, Tara Michelle 008190

Reinstated
July 1, 2014 to November 30, 2014

Azam, Sabeen Sania 014129
Ismaeili, Katherin 012435
Nurmohamed, Fatma 007330
Peluffo, Carla 013757
Festell, Petrina Sylvia Kathleen 015288
Stewart, Tara Jean-Marie 011670
Stoughton, Lisa Jenny 006840

Resignations
July 1, 2014 to November 30, 2014

Aclan, Jose Diosdado S 012450
Aquilina-Arnold, Janet F 002839
Berkmortel, Joanne 004060
Carriere, Sylvie Stelia 014317
Charbonneau, Veronica-Lynne 014077
Clark, Kimberly 011276
de Souza, Karen Christine 014353
Di Giamtommaso, Melanie 011322
Duke, Robyn-Lea Lin 008078
Durst, Jennifer A M 002620
Erlafin, Amira 011663
Farrell, Linda Marie 003431
Ferreira, Sharon June 001602
Gagnon, Janine 013152
Hall, Charlotte 014836
Hopps, Kim 011010
Jenkins, Cassie 010746
Jonasson, Briana Maureen 014718
Joseph, Jenna Elaine 009820
Kerr, Crystal Denise 013346
Kupila, Stephanie Maria Hazel 014226
MacInnis, Linda 007636
Mason, Susan Jane 004280
Mazurek, Mary-Jane 002073
McLeod, Jordan 015669
Mirza, Sumreen 015728
Nguyen, Linda 014497
Piquette, Renée Jacqueline 013327
Pulcova, Nadia 014965
Shoppoff, Kaitlyn Ashley 015228
Shore, Lisa Denise 012398
Spiner, Janis Myra 000262
Stan, Christina 003747
Tracy, Amanda Katherine 016848
Wardell, Sarah 016729

Resigned While Under Investigation
July 1, 2014 to November 30, 2014

Asbury, Jill Patricia 011589
Burke, Nicole 011878
Flemming, Shannon Erin 013674
Flintoff, Angie 013120
McMullen, Carol Judith 004240
Nadeau, Cindy 014258
Rezazada, Habiba 014098
Simone, Lisa Elizabeth 008663
Tanzadeh, Arash 014331
Tremblay, Kelly Ray-Anne 014131
Winlow, Kate 014754

Suspended as a Result of Disciplinary Proceedings
Effective September 25, 2014 to October 22, 2014

Cyr, Andrea C 008167

Revoked as Per Discipline Order
Effective November 27, 2014

Derderian, Dikran 004794
Allen, Karen L 005883

Deceased
As of October 2, 2014

Lauridsen, Patricia Frances 001457
the College’s promise
to dental hygiene clients

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.
Registration Renewals for 2015 are now open on the College website at www.cdho.org. Registrants can click on the right side of the CDHO home page, fill in the required information step by step, provide payment and the renewal will be complete. Click on the “?” icon at any point for help tips and clarification as to how to proceed. Online renewal is fast, secure, convenient and available 24/7.

Renewal Deadline: January 1, 2015
Renewals received after the deadline will be charged a late penalty fee of $100.00.

Renewal Fees Remain the Same
- General or Specialty Certificate of Registration: $250
- Inactive Certificate of Registration: $50

Renewal fees have remained the same since the CDHO’s inception in 1994. Fees may be paid online using VISA or MasterCard. For those registrants who pay by cheque or money order, the renewal will be complete when payment is received at the CDHO office. 2015 receipts can be printed from the “Registrant Login” section of the CDHO website any time after the renewal is complete.

Holiday Hours
The Registration Department hours over the holiday season are as follows:

Wednesday, December 24th, 8:30 a.m. to 1:00 p.m.
Thursday, December 25th and Friday, December 26th – closed
Thursday, January 1st – closed

Online renewals are available 24/7 throughout the holiday break.