Setting the Record Straight
Debunking myths about dental hygiene
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.

Council
Carol Barr Overholt – District 3 (RDH)
Cathleen Blair – District 5 (RDH)
Heather Blondin – District 7 (RDH)
Michele Carrick – District 1 (RDH)
Linda Jamieson – Academic (RDH)
Caroline Lotz – Academic (RDH)
Inga McNamara – District 2 (RDH)
Janet Munn – District 6 (RDH)
Lucy Pavao – District 4 (RDH)
Shirley Silverman – District 4 (RDH)
Ilya St. Onge – District 8 (RDH)

Michael Connor – Barrie (PM)
Eliot Feldman – Toronto (PM)
Julia Johnson – Orillia (PM)
Sheri Kataly – Toronto (PM)
Samuel Laldin – Kingston (PM)
Derrick McLennon – Scarborough (PM)
Tote J. Quizan – Scarborough (PM)
Salam Rifai – Mississauga (PM)
Charles F. M. Ross – London (PM)
Ben Shayan – Richmond Hill (PM)
Anne Venton – Toronto (PM)

RDH - Registered Dental Hygienist
PM - Public Member

Non-Council
Denise Burdon (RDH)
Deborah Daniel (RDH)
Shelli Jeffs (RDH)
Audrey Kenny (RDH)
Gail Marion (RDH)
Heather Murray (RDH)

President’s Message
Registrar’s Message
News from the Field
Council Highlights
CDHO News
Council Approves New Standards of Practice
The “Circle of Care” and the New Dental Hygiene Standards of Practice
Your Questions Answered
Myths and Facts
“Setting the Record Straight”
Practice Advice: The Record Keeping Regulation
Meet our Practice Advisors
Quality Assurance: 2012 Portfolio Selection
Discipline Decision
Spotlight on: Independent Practice
2010 Index
Registrant Changes
At our first Council meeting for 2011 I was once again honored by being elected as President of the CDHO. I want to thank Council for its continued confidence in my ability to fulfill this role. As always, I look forward to an exciting year. Over this year the College will be connecting with registrants to share information and help registrants gain a better understanding of the CDHO. One such activity, “Setting the Record Straight” will provide an opportunity for registrants to hear directly from the College. I encourage you to attend a session in your area.

At its January meeting, Council gave final approval for the new Standards of Practice. As of January 2012 these new standards will become the basis for dental hygiene practice in Ontario. It has taken three years of deliberation and decision making to reach this stage. The road to the new standards started in 2008 when dental hygiene stakeholders from across Canada determined there was a need for a more common foundation for dental hygiene education and regulation. This discussion was supported by the CDHO as it would assist the College in updating our standards of practice (which were over 10 years old). In January 2010, the Entry to Practice Competencies and Standards for Canadian Dental Hygienists was released by the Canadian Dental Hygienists Association and accepted by the Federation of Dental Hygiene Regulatory Authorities (FDHRA). The FDHRA has directed the Commission on Dental Accreditation of Canada to revise their requirements for program review, and the National Dental Hygiene Certification Examination Board to revise its examinations in light of the national competencies and standards. Each regulatory body across Canada was also asked to review their Standards of Practice. The issue was brought forward to the CDHO Council at that time and Council endorsed the national competencies and standards and began the process of revising our own standards of practice.

Much of the work on the drafting of the new standards of practice occurred within the Quality Assurance (QA) Committee. The Committee reported back to Council in October 2010 requesting the new standards be approved for circulation and comment. Individual dental hygienists, the Ontario Dental Hygienists’ Association and other stakeholders provided comments that were considered by the QA Committee. The Committee brought the document back to Council for final approval in January 2011. Council established January 2012 as the date for implementation of the new standards of practice. Over the next few months the QA Committee will update its quality assurance program so it measures the new standards. Changes to the QA Program will be brought to Council at either its May or October meeting for approval. Following approval, the new expectations will be communicated to registrants.

Changes to regulations and standards directly influence what is taught in dental hygiene programs. Now that the national competencies and standards are available as well as the new CDHO Standards of Practice, Ontario educational programs must revise their curriculum to address these changes. The CDHO expects that all educational programs will have made the appropriate program changes by fall 2011. Most educators agree that incorporation of the national competencies and CDHO Standards of Practice will require an increase in program length. The CDHO will monitor the changes in education to ensure new graduates will be able to meet entry to practice standards.

2011 will be a busy year. Keep well informed by checking regularly for updates on the CDHO website and in Milestones.
Registrar’s Message

Fran Richardson, RDH, BScD, MEd, MTS
Registrar

Ontario is Not Alone

There has been a lot written about the perceived oversupply of dental hygienists in Canada, and of course, the other provinces are looking to the abundance of dental hygiene programs in Ontario as the root of the problem.

As I have written on a number of occasions, the College is responsible for registering people who are qualified to practice the profession, not for controlling the numbers of registrants who may practice within our jurisdiction. Those of us at the College take our responsibility very seriously. However, there are still a number of non-accredited dental hygiene programs in the province that continue to function and continue to enrol an abundance of students even though there is a perceived oversupply within the market place. How one perceives that oversupply is a matter of opinion—for some it means there is no job in a dental office, in the near vicinity. Yet, there are still many Canadian citizens who still have little or no access to oral health services because they are unable, for a myriad of reasons, to attend a traditional dental facility.

Canada is not the only place where there is a perceived oversupply of dental hygienists. A recent article1, based on a survey of American dental hygienists, in the January 2011 edition of RDH Magazine (www.rdhmag.com) indicated that dental hygienists in nearly all of the states believed that there were “too many dental hygiene schools” in their jurisdictions and that the economy had taken its toll on the production schedules of traditional dental offices. The difference in Canada is that most dental hygienists in this country now have the opportunity to be creative in how they practice as legislative reforms have eased up the restrictions on where and how dental hygienists may practice their profession. So, is there really an oversupply?

All health regulatory bodies in Canada have a responsibility to regulate their respective professions in the public interest. This means putting the interest of the clients before the interest of self or of the employer. The College assists registrants in their obligation to the public by developing standards of practice, regulations, guidelines and policies. The CDHO Quality Assurance Program is mandated to ensure that standards are maintained and registrants continue learning. Dental hygiene regulators in other provinces have also developed and implemented such programs. Each program may be slightly different, but they have the same goals.

As the regulator for dental hygiene in Ontario, the CDHO continues to be frustrated by misinformation regarding the regulation of the profession in this province. Unfortunately, there are still entities out there which are not aware of dental hygiene self-regulation, who think that “supervision by a dentist” still exists and that dental hygienists are “just the girls in the office that clean teeth.” Nothing could be further from the truth! Other jurisdictions have similar problems, but they, too are in the process of educating the public.

So, what can CDHO registrants do when they hear misinformation or when they are not sure of the correct information? Call the College or check out the CDHO web site (www.cdho.org) to get the correct information and pass it along.

1 “The mood out there: Dental hygienists comment on the impact of the economy on their careers"
Network for Seniors Website Launches

As first reported in the June, 2010 issue Milestones, the Seniors Health Research Transfer Network (SHRTN), a part of eHealth Ontario, contains an Oral Health Community of Practice. The purpose of the community is to disseminate evidence-based and clinically relevant oral health information to care providers of older adults. Through SHRTN’s new website you can access the latest awareness-raising strategies, learning opportunities, networking and collaboration groups in health care and oral/dental health sectors. A variety of electronic resources have been created and made available for health care and oral health professionals, practitioners and educators to use. www.ehealthontario.ca/portal/server.pt?open=512&objID=1101&PageID=0&cached=true&mode=2&userID=11862

Registrants have asked: “What is “tail” insurance?”

Professional Liability Insurance in Retirement

Enduring or “tail” insurance is professional liability insurance that provides coverage for incidents that occurred when the dental hygienist was practicing even after s/he has retired.

Changing your address?

If you change your home or business address, you are required to notify the College within 14 days.

To update your address information:

Please login to the “Registrant Address Change” page on the Registration tab at www.cdho.org.

Your login ID is your CDHO Registration ID (6 digits).

Your password is your birth date in the format of YYYYMMDD (8 digits).

Use the buttons on the left of the screen to navigate to your existing address/addresses.

You may add up to four secondary business addresses in addition to your primary business address.

Please note, your mailing address must be either your residence or primary business address.

When filling out the online change of business address, be sure to include the type of your practice setting, as well as the name of the business.

Here’s a guide to determine your business practice setting:

• Solo Practice Office – One Dentist Owner
• Group Practice Office – Multiple Owners
• Independent Practice – Dental Hygiene Practice
• Hospital – Including Long Term Care
• Post Secondary Institution – Educator
• Public Health Unit – Government Facility
• Administration – Office Managers, Program Managers
• Other

Note: An Independent Practice is not automatically enrolled in the website’s Independent Practice lookup. If you would like your Independent Practice to appear in the lookup or be removed from the lookup, please call the College and we will change the web status for you.

Remember, if you change your home or business address, you are required to notify the College within 14 days.

Notification can done by either:

1. Using the online change of address
2. E-mailing the CDHO your name, Registration ID and address change to addresschange@cdho.org.
3. Phoning 416-961-6234 or 1-800-268-2346 Ext. 0

Visit our all new site: www.cdho.org

The College website has been redesigned from the ground up to help you better navigate our site and access the information you need:

• A front-page news feature so you can quickly stay up to date
• Improved navigation menus that enable fast and efficient browsing
• A search engine to help find what you are looking for
• Hot buttons for the most accessed areas like the Knowledge Network, and much more!
Council Highlights

January 28, 2011

CDHO Registrar Fran Richardson opened the meeting and conducted the election of the 2011 Executive Committee.

Executive Committee

The Council elected the following Council members to form the Executive Committee:

Linda Jamieson, RDH, President
Samuel Laldin, Public Member, Vice President
Heather Blondin, RDH
Caroline Lotz, RDH
Anne Venton, Public Member

Following the elections, the President provided opening remarks including the welcoming of new members of Council and chaired the remainder of the meeting.

The President provided the Executive Committee report in which she indicated that an investigation had occurred into an illegal practice of dental hygiene (previously published in Milestones.) Ms. Jamieson stated that CDHO had agreed to collaborate with McMaster University, the Ontario Association of Public Health Dentistry (OAPHD) and the ODHA in support of a research project: Rebalancing Roles in the Provision of Preventive Dental Care in Ontario: Policy Implications for Consumers, Providers and Service Delivery. The research will be conducted out of McMaster University.

Items for decision included the passing at Council of the proposed Conflict of Interest Regulations which will now be sent to the Ontario Ministry of Health and Long-Term Care for processing; amendments to Bylaw No. 4, section 5.1 Composition of statutory committees and the addition of Schedule V, Rules of Order of the Council; and proposed amendments to sections 7 and 16 of Bylaw No. 4 for circulation.

Administrative Report

The Registrar provided Council with an update on Administrative issues. Robert Farinaccia, RDH, joined the College in November as Practice Advisor/Patient Relations Liaison. In addition, the Registrar indicated that due to the increasing number of registrants that additional staff was being hired in the areas of quality assurance, investigations and hearings, and reception. She also stated that the online renewal process had been successful with only minor glitches. Only 250 paper forms were requested, which was less than 2% of the registrants.

Registration Committee

Registration statistics as of January 13, 2011: General certificate 10,585; Inactive certificate 903; Specialty certificate 510 and authorized to self-initiate 3,286. As of January 27, 2011, 364 registrants had not contacted the CDHO regarding renewal.

Quality Assurance Committee

In the report from the Quality Assurance Committee (QAC) it stated that one referral had been made to the Inquiries, Complaints and Reports Committee for non-compliance with the Quality Assurance Program; approximately 1,200 professional portfolios were expected to be submitted by January 31, 2011 and 1,209 registrants had been selected to submit their portfolios by January 31, 2012. Council passed the CDHO Dental Hygiene Standards of Practice that are based on the national competencies. The standards come into force in January 2012.

Inquiries, Complaints and Reports Committee

The Inquiries, Complaints and Reports Committee (ICRC) reported that during the period since the previous Council Meeting they had concluded their investigation into three formal complaints, one referral from the QAC and two Registrar-initiated matters. The Committee is currently investigating 25 cases; 14 formal complaints,
five referrals from the QAC, six Registrar-initiated matters, and one matter arising from a mandatory report.

**Discipline Committee**

Shirley Silverman, RDH, Chair of the Discipline Committee reported that a Discipline Hearing occurred on November 16, 2010. Details are available elsewhere in this issue of *Milestones*.

**Patient Relations Committee**

The Patient Relations Committee reported that the next component of the Public Education Plan would be launched shortly, and that presentations entitled “Setting the Record Straight” would be occurring during 2011. Dates and locations will be published in *Milestones* and posted on www.cdho.org.

**Registration Committee**

The Registration Committee provided information that the two day clinical evaluation in November 2010 had an 82% success rate. In addition, it was noted that none of the six dental hygiene programs that applied to the Commission on Dental Accreditation of Canada (CDAC) were granted a site-visit (one is under appeal), and that the three programs which did have a CDAC site visit in 2010 were not granted accreditation status. A Restorative Working Group has been stuck to review restorative competencies for dental hygienists registered in the specialty category.

**Next Council Meeting:**

**May 27, 2011**

To attend, please call Jane Cain at 416-961-6234 ext 226 or 1-800-268-2346, or email jcain@cdho.org. Seating is limited.

**Council Committees**

**Executive Committee**
Linda Jamieson (DH E) - President
Sam Laldin (P) - Vice President
Heather Blondin (DH)
Caroline Lotz (DH E)
Anne Venton (P)

**Discipline Committee**
Chair – Shirley Silverman (RDH)
All Council members
Deborah Daniel (DH NC)
Heather Murray (DH NC)

**Patient Relations Committee**
Chair – TBD at next meeting
Cathleen Blair (DH)
Mike Connor (P)
Shelli Jeffs (DH NC)
Julia Johnson (P)
Derrick McLennon (P)
Lucy Pavao (DH)

**Fitness to Practise**
Chair – Tote Quizan (P)
All Council members

**Inquiries, Complaints and Reports Committee**
Chair – TBD at next meeting
Carol Barr Overholt (DH)
Deborah Daniel (DH NC)
Eliot Feldman (P)
Janet Munn (DH)
Salam Rifai (P)
Ilga St. Onge (DH)

**Quality Assurance Committee**
Chair – TBD at next meeting
Heather Blondin (DH E)
Denise Burdon (DH NC)
Michele Carrick (DH)
Derrick McLennon (P)
Heather Murray (DH NC)
Tote Quizan (P)
Shirley Silverman (DH)
Election Update

CDHO welcomes our new professional Council Members that have been elected by their peers, and our new public members that have been appointed by the Lieutenant-Governor General of Ontario.

Cathleen Blair, RDH
District 5 – Brighton

Michele C. Carrick, RDH
District 1 – Owen Sound

Cathleen Blair, RDH
District 5 – Brighton

Michele C. Carrick, RDH
District 1 – Owen Sound

Mike Connor
Public Member – Barrie

Janet Munn, RDH, BDH
District 6 – Ottawa

Mike Connor
Public Member – Barrie

Janet Munn, RDH, BDH
District 6 – Ottawa

Charles F.M. Ross, LLB
Public Member – London

Rabbi Eliot Feldman, MA, MS
Public Member – Toronto

Charles F.M. Ross, LLB
Public Member – London

Rabbi Eliot Feldman, MA, MS
Public Member – Toronto

CDHO 2011 Executive Committee

Linda Jamieson, RDH, BA, MA

Samuel Laldin
Public Member

Linda Jamieson, RDH, BA, MA

Samuel Laldin
Public Member

Heather Blondin, RDH, BsDH

Caroline Lotz, RDH, BA

Heather Blondin, RDH, BsDH

Caroline Lotz, RDH, BA

Anne Venton, BA, MA

Public Member

Anne Venton, BA, MA

Public Member
Joint CDHO-ODHA Communication to Registrants

On January 7, 2011 the Executive Committees of the College of Dental Hygienists of Ontario (CDHO) and the Ontario Dental Hygienists’ Association (ODHA) came together to establish the framework for a revitalized working relationship. Both organizations have a critical role to play in the delivery of quality dental hygiene care in Ontario. While both organizations acknowledge this primary responsibility to the public of Ontario, each organization has different mandates and secondary responsibilities. It is imperative that we continue to have a positive and respectful relationship that will allow us to work together on common goals. CDHO and ODHA recognize that for dental hygienists requiring information, it can be difficult to know which organization has the answers they need. Both organizations are committed to improving the flow of communication so that dental hygienists and stakeholders receive the answers from the right source.

The mandate of CDHO is set out in the Regulated Health Professions Act, 1991 which includes the requirements for CDHO to establish standards of practice and regulations, monitor the practice of dental hygienists, and when necessary, take disciplinary action against registrants who are not providing the expected quality of care. The CDHO can fulfill its mandate best when dental hygienists are well informed. CDHO Practice Advisors can answer your questions about quality assurance, regulations, standards and practice dilemmas. CDHO also welcomes your comments on policies or regulations that are circulated for stakeholder feedback.

ODHA is a membership organization that advocates on behalf of its members. ODHA lobbies government to make policy decisions that will expand the scope of dental hygiene practice. ODHA also supports members on issues of employment, independent practice, inter-professional collaboration and through professional development opportunities. As part of its advocacy role ODHA actively engages in discussions on behalf of dental hygiene and responds to feedback requests from a variety of groups including CDHO.

The CDHO and ODHA Executive Committees have agreed to meet twice a year to consider common goals and discuss emerging trends and high level issues affecting the profession. These meetings will occur in May and September.

The CDHO is now on Facebook

Check out CDHO’s new Facebook page, where you can find information on events, as well as weekly tips. It’s an easy way to stay informed. www.facebook.com/home.php#!/pages/College-of-Dental-Hygienists-of-Ontario/170012083045592

It’s Time to Update your Registrants’ Resource USB Stick!

There is important new information, including the revised Dental Hygiene Standards of Practice that take effect in January 2012, available for you to download on your Registrants’ Resource. Simply connect to the Internet and place your Registrants’ Resource into an available USB port on your computer and you will be prompted to download the latest version.

Problems with your Registrants’ Resource?
Contact Vivian Ford at vford@cdho.org.

CDHO Partners in Long-Term Care Study

The Quality Palliative Care in Long Term Care Alliance is comprised of 38 organizational partners and 27 researchers who will actively contribute their expertise to a five-year comparative case study research project, Improving Quality of Life for People Dying in Long Term Care Homes. CDHO is pleased to be an Organizational partner in the study. For more information, please refer to the website: Quality Palliative Care in Long-Term Care project website (http://www.palliativealliance.ca/).
At the January 28, 2011 Council meeting, a motion was passed to adopt the Proposed Amendment to the CDHO Dental Hygiene Standards of Practice that will become effective January 1, 2012. Prior to this event, registrants received an opportunity to review and comment on the proposed changes. The College mailed out over 12,000 copies of the proposed standards asking for feedback and eight responses were received. Of the eight, three were from registrants, one was from the Ontario Dental Hygienists’ Association, one from our legal counsel and the other three were from the College of Physicians and Surgeons of Ontario, the College of Medical Laboratory Technologists of Ontario and the College of Nurses of Ontario respectively. By all responses, the proposed Standards are easier to read and comprehend than the previous version, and were found to be clear and concise. Some minor revisions were made prior to adoption by Council based on some of the suggestions and comments received.

The new CDHO Dental Hygiene Standards of Practice articulates a shared national vision for dental hygiene practice and identifies values, knowledge and skills that the public of Ontario can confidently expect from dental hygienists. They were created to align with national standards while ensuring that they conformed to provincial legislation and the regulatory responsibilities of the College. These Standards are intended to guide the professional judgment and actions of dental hygienists and inspire self-reflection and continuous professional development.

Notably, the Standards expand on the College’s view that dental hygienists, as health care professionals, must demonstrate in practice those attributes and behaviours that serve to maintain the interest of the client above one’s own self-interest. They reflect the College’s commitment to ensuring that the public benefits from the highest standards of excellence in practice by dental hygienists who sustain the interests and welfare of their clients and are responsive to the oral health needs of society. They include within their framework a concept that includes dental hygiene practice as a science and a business that foremost honours and respects the relationship between the client as a person or community and the dental hygienists as a professional.

**New Format**

The format of the Standards has changed from its predecessor. It is clearer and more guiding than the previous version. The new Standards are divided into two main categories that describe professional expectations – Professionalism and Professional Practice.

Professionalism requires that dental hygienists demonstrate a commitment to their clients, profession and the public through ethical, effective, and safe practice. The expectations of this commitment are described within the standards and categorized by the following five domains: Responsibility; Accountability; Knowledge Application; Continuous Competency; and Professional Relationships. Describing actions that demonstrate how dental hygienists meet the College’s expectations expands each of the domains further.

Professional Practice requires dental hygienists to work with their clients to determine individual or community oral health needs, select and implement the most appropriate services/programs, and to evaluate outcomes. Professional Practice is divided into four domains: Dental Hygiene Process; Practice Environment; Practice Management; and Dental Hygiene Services and Programs, that reflect the professional standards associated with the professional practice of dental hygiene both inside and outside the clinical setting.

**Standard Available to Public and Health Professionals**

In as much as College standards are meant to guide dental hygienists in practice, they may also be used by members of the public to understand the dental hygienist’s full scope of practice and gain insight into the role of a dental hygienist in the delivery of preventive and therapeutic oral health care and oral health care programs. By ensuring College standards are public documents, the CDHO helps the public familiarize themselves with quality dental hygiene practice so that they may assess the dental hygiene services they receive.
Other health professionals within a client’s circle of care may refer to the CDHO standards to better understand the dental hygienist’s full scope of practice and gain insight into the role of a dental hygienist within the health care team and in the delivery of preventive and therapeutic oral health care and oral health care programs. Additionally, the section on Professional Relationships describes how dental hygienists honour and maintain inter-professional relationships, and will help other health professionals appreciate the dental hygienist’s commitment to inter-professional collaboration aimed at improving client outcomes through safe and effective practices.

**Effective as of January 2012**

The College has posted the new Standards on the CDHO website in advance of their effective date of January 2012. This provides registrants with an opportunity to familiarize themselves with the amendments, self-assess their practices in relation to the new Standards and plan for continuing education during 2011 aimed at meeting standards by January 2012. By this date registrants are expected to verify, to themselves and within their professional portfolios, their ability to perform and apply the knowledge, skills, and judgments that meets the Standards of Practice, as appropriate to their dental hygiene practice.

Effective January 1, 2012 the College will use these Standards to aid Committees such as Inquiries, Complaints and Reports, Discipline, and Registration to determine whether appropriate standards of practice and professional responsibilities have been maintained and identify when Specific Education and Remediation Programs might be necessary. They will also be used to guide practice assessments as part of the Quality Assurance Program. Registrants are urged to familiarize themselves with the amended Dental Hygiene Standards of Practice and look for areas of their practice that may need enhancement, seeking the learning opportunities that will prepare them for practice in 2012.

**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, call or email, 416-961-6234 or 1-800-268-2346 to reach:_

Robert Farinaccia, x 237, rfarinaccia@cdho.org
Jane Keir, RDH, x 235, jkeir@cdho.org

**Find the clinical information you need!**

Find the clinical information you need at: [www.cdho.org/QAKnowledgeNetwork.htm](http://www.cdho.org/QAKnowledgeNetwork.htm)
The “Circle of Care” is a term that Registered Dental Hygienists throughout the province of Ontario should become familiar with, if they are not already. In September 2009, Ontario’s Information and Privacy Commissioner, Dr. Ann Cavoukin, released a document titled Circle of Care: Sharing Personal Health Information for Health Care Purposes. This document, which I urge every registrant to read, describes who health information custodians are and the circumstances that permit them to rely on an individual’s implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care within a circle of care.¹

A health information custodian is an individual under the Personal Health Information Protection Act that, as a result of his/her power or duties, has control of personal health information. Although Dr. Cavoukin does not define the circle of care, it is generally accepted that within health care, the circle of care is comprised of those in the health care team who are involved in the care or treatment of a particular patient or client.

The “Circle of Care” model encourages interprofessional collaboration – a team-oriented approach that weights heavily on the experience and expertise that each individual member brings to a specific situation. The Canadian Nurses Association’s position statement on interprofessional collaboration exhibits why this model is effective: “Each profession brings its own set of knowledge and skills – the result of education, training and experience – to collaborative care. Each professional contributes to an individual’s health. Shared decision-making, creativity and innovation allow providers to learn from each other and enhance the effectiveness of their collaborative efforts”.²

Focusing on the Client

Many clients today have more than one health care professional that look after their needs. If this is indeed the case, would it not be logical and prudent that all of a client’s health care providers be familiar with, and consult with one another to ensure that the client is receiving the best possible care? In fact, interprofessional collaboration plays an important role in the CDHO’s new Dental Hygiene Standards of Practice, which come into effect in January 2012.

According to the new Standards of Practice, a dental hygienist has a professional obligation to communicate and consult with other health care professionals in the client’s “Circle of Care” to achieve optimal oral health goals for the client. As well, the dental hygienist has a responsibility to educate other health care professionals about the dental hygiene scope of practice, areas of knowledge, and how they can work together to ensure the health of the client is the top priority.

Working Together as a Team

A long-term care facility or nursing home is a good illustration of how the “Circle of Care” model works. In this setting a client’s “Circle of Care” may consist of a physician, orthopaedic surgeon, nurse, pharmacist, dietician, physiotherapist, dentist, dental hygienist and any other health care professionals that may be treating the client in some form. It is also important to note that the client is a member of the “Circle of Care” since they are part of the decision-making process. In this example, the “Circle of Care” has many members and the dental hygienist has an obligation to identify and consult with the most appropriate health care professional or team member for advice if there is reason to believe that the client’s current state of health may affect the regular course of care.

¹ www.ipc.on.ca/images/Resources/circle-care.pdf
of dental hygiene treatment. As well, dental hygienists have an obligation to consult and/or refer if there are oral conditions present that maybe signs or symptoms of an undiagnosed medical or dental issue. If a dental hygienist has a client entering a long-term care facility and the dental hygienist can no longer provide treatment for that client (either because the client is unable to leave the facility or the dental hygienist is unable to access the facility), the dental hygienist is encouraged under the new Standards of Practice to help the client find an appropriate preventive oral health care provider. Dental hygienists have an ethical responsibility to facilitate access for their clients to ensure that their client’s oral health needs are not being neglected.

Dental hygienists have a duty to inform and educate other health care professionals that we are preventive oral health specialists and an integral part of a client’s “Circle of Care”. Currently, it seems that communication is mostly a one way street originating from the dental hygienist. Would it not be appropriate and logical for a physician treating a client for diabetes or cardiovascular disease to contact the client’s dental hygienist to inquire about the periodontal status of the client? Why are dental hygienists not being used as resources? Until dental hygienists are seen by other health care professionals as primary health care providers, the street of communication will always remain one way. Therefore, I encourage every dental hygienist to play an active role in their client’s “Circle of Care” by not only treating, referring and communicating, but by educating other health care professionals as well. This collaboration will offer the client the high quality of care that they are entitled to.

Your Question Answered...

Am I responsible for making a referral to Children and Family Services (CFS) if I have referred the child to another oral health care provider and that person now has that child as a client?

Registrants are aware that they must refer any oral condition that is beyond their capability to treat. Therefore, if the dental hygienist has referred the child to a dentist and the child has become a client of record of that dentist, the dental hygienist has fulfilled his or her duty. However, if the dentist has not seen the child and the dental hygienist is aware of urgent need, then it is the responsibility of the dental hygienist to follow through on a referral to CFS.

Myths and Facts

Myth: The CDHO is responsible for ensuring employment for dental hygienists in Ontario.

Fact: The CDHO is responsible for regulating the profession in the public interest. This includes, registering qualified applicants, administering an effective Quality Assurance Program, investigating complaints, disciplining registrants who are found to be guilty of professional misconduct, and for assisting the public in an awareness of the regulatory process. Dental hygienists who are concerned about employment issues should contact their professional associations.

Myth: CDHO data sticks Registrants’ Resource will send information back to the CDHO about who is accessing the CDHO web site.

Fact: The Registrants’ Resource is provided to registrants to assist them in remaining current with changes to legislation, standards, etc. The USB stick is incapable of sending data to the CDHO.

Myth: An employer can direct a dental hygienist to take radiographs on every client on a time dependent basis.

Fact: Currently, radiographs may only be taken if the client has received an examination from the prescribing clinician and a prescription for specific radiographs has been given for that client.
The CDHO Council has targeted 2011 as a year for increased communication with both the public and registrants.

You will no doubt see and hear some of the College’s initiatives—the next wave of our Public Education Program and the launching of the new CDHO website (www.cdho.org).

One highlight of the College’s outreach program is the not-to-be-missed opportunity for dental hygienists to attend a CDHO Practice Advisor facilitated presentation aimed at debunking many of the myths associated with practice and the role of the regulatory body.

The concept for the presentation came from observations made by College staff about the number of myths that are circulated within the dental hygiene community. In my former role as a practice advisor, I was often surprised by the myths and rumours that circulated within the dental hygiene community about the College’s role and expectations. In my discussions with the other practice advisors, I found that their experiences confirmed mine—that many of the calls they received were about specific re-occurring issues. And interestingly, fellow dental hygienists were spreading most of the misinformation out there.

While the College recognizes that dental hygienists are often challenged by the diversity and number of rules and expectations that apply to the practice of dental hygiene, where or how these myths got started is, much like any myth, anyone’s guess.

The College launched its first presentation in Ottawa on January 20, 2011 and by all accounts it was a huge success. Over 365 dental hygienists attended the interactive presentation facilitated by Practice Advisor Robert Farinaccia and myself. The College was very pleased with the turnout especially on such a frigid winter night and the feedback from participants was extremely positive.

Use of audience response technology encouraged participants to register their opinions and compare them with the group response making learning both engaging and fun.

All Registrants will have an opportunity to participate in this interactive presentation as it travels across the province throughout the year. The facilitators will draw upon their experiences as practice advisors to assist you in understanding and applying the rules and expectations of your profession.

For those who are unable to attend a district presentation or for those who wish to participate again, the CDHO will host a live and interactive webinar in the Fall of 2011. The webinar will then be housed on the CDHO website for anytime viewing. Please visit the CDHO website www.cdho.org or visit us on Facebook to get updates on the times and locations of upcoming presentations. “Setting the Record Straight” welcomes all Registrants and dental hygiene students. Pre-registration is a must so we can ensure seating and audience response keypads for all.

To register for a presentation, please send an email with your name, registration number or school name, and location of presentation you wish to attend to savemeaseat@cdho.org. You will receive confirmation that a seat has been saved for you.
CDHO ON THE ROAD: SETTING THE RECORD STRAIGHT PRESENTATIONS

Thunder Bay, Saturday, April 2, 2011
9:00 am - 11:00 am
Valhalla Inn, 1 Valhalla Inn Road, Thunder Bay

Richmond Hill, Tuesday, April 12, 2011
7:00 pm - 9:00 pm
Richmond Hill Centre For The Performing Arts,
10268 Yonge Street, Richmond Hill

Belleville, Thursday, April 14, 2011
7:00 pm - 9:00 pm
(P1 Pioneer Building), Loyalist College,
Wallbridge-Loyalist Road, south of the 401,
Belleville

Please contact the Bay of Quinte Dental Hygienists Society at info@boqdh.com as registration closes April 1, 2011.

Toronto, Wednesday, May 11, 2011
7:00 pm - 9:00 pm
Marriott Toronto Bloor Yorkville, (Forest Hill Ballroom),
90 Bloor Street East, Toronto

Scarborough, Saturday, September 10, 2011
9:00 am -11:00 am
Centennial College Residence, 940 Progress Avenue, Scarborough

North Bay, Wednesday, October 5, 2011
7:00 pm - 9:00 pm
Best Western Hotel and Conference Centre,
700 Lakeshore Drive, North Bay

Sudbury, Thursday, October 6, 2011
7:00 pm - 9:00 pm
Cambrian College: The Koski Centre,
1400 Barrydowne Road, Sudbury

Oakville, Monday, October 17, 2011
7:00 pm - 9:00 pm
Oakville Conference & Banquet Centre,
2515 Wyecroft Road, Oakville

Windsor, Monday September 19, 2011
7:00 pm – 9:00 pm
Fogolar Furlan Windsor,
1800 North Service Road (E. C. Row), Windsor

London, Tuesday September 20, 2011
7:00 pm – 9:00 pm
Four Points by Sheraton London
1150 Wellington Road South, London

Niagara, November 2011
(Date To Be Determined)

To Register
Dental Hygienists: Send an email with your name, registration number, date and location of presentation you would like to attend to savemeaseat@cdho.org.

Dental Hygiene Students: Send an email with your name, school, date and location of presentation you would like to attend to savemeaseat@cdho.org.

Registration closes one week prior to each presentation (except where noted).
The CDHO practice advisors receive many phone calls and emails from dental hygienists enquiring about proper record keeping procedures. The full text of the regulation can be found at www.cdho.org/LegislationAndByLaws/RecordsReg.pdf. The following questions are typical of those received. As always, Registrants are encouraged to call the practice advisors for clarification of what must be recorded in the client record.

**I have heard that I need to record the start and stop time for all client appointments. Is this correct?**

The record keeping regulation states that “for each intervention, the amount of time the member spent providing dental hygiene care” must be recorded. Compliance with this provision requires that you record the time spent providing services that are billed by unit of time; specifically the time spent scaling and root planing, polishing and/or desensitizing must be recorded. Best practice is to record the number of minutes providing each of these services. Recording only as units may be confusing for your clients particularly when the office books in 10 minute units but bills to insurance companies on 15 minute units. It is acceptable to also write the number of units in addition to the minutes spent providing these services although this is not a requirement of the regulation. The regulation also states “a member shall retain each daily appointment record respecting a client for 10 years from the date of the last client intervention...” In combination, the appointment book and client chart allow a dental hygienist to demonstrate the time spent providing care.

**Do I have to write insurance codes in my charts and what insurance codes should I use?**

Recording of insurance codes is not a requirement under the record keeping regulation; however, it is acceptable to record them in your chart. Clarification of the correct code to use for specific procedures should be obtained directly from the author of the fee guide you are using. The CDHO does not publish a fee guide or make recommendations in regards to which insurance code(s) should be used for any procedure(s).

**Does my client need to sign the medical history updates and/or consent to treatment?**

The regulation requires that an appropriate medical history update be obtained from each client at each visit. Recording any changes in the medical history in the client record is a required element of the record keeping regulation. Similarly, it is expected that the dental hygienist will record the details of informed consent obtained from the client. In both cases, there is no need to obtain the client’s signature.

**How often do I need to complete a full periodontal assessment?**

The interval between full periodontal assessments (including pocket depths, recession, furcation involvement, mobilities, etc.) should be established for each client on an individual basis. You must be able to support your choice of treatment plan interventions based on the assessment data you have collected. Periodontal screening and recording (PSR) is not an acceptable periodontal assessment for clients with an established history of periodontal disease. In other words, it is not necessary to screen for a disease that you know the client has/has had.

**Do I need to sign my charts?**

The regulation requires that “every entry in a client record is dated and includes the identity of the person who made or dictated the entry.” You should ensure that your full name is a part of the record; if your identity is recorded by way of initials or provider number, the office must maintain a key or legend of each person who has made entries in client records for future reference in the event there is a need to determine who provided client treatment on any specific date. The CDHO strongly recommends that you use your “RDH” designation when you sign your client records.
Robert Farinaccia, RDH, BSc

Robert Farinaccia, our newest Practice Advisor, joined the College in November, 2010. Before joining the College, Robert practiced clinical dental hygiene in a number of general practices in Toronto and York region, and taught dental hygiene students within an accredited dental hygiene program in Toronto.

Robert studied Kinesiology and Health Science (Hons. BSc) at York University and went on to complete a diploma in Dental Hygiene from George Brown College. Robert has been a registrant of the College since 2004. He is passionate about his role as a Practice Advisor and the role dental hygienists play in preventive oral health.

Colleagues describe Robert as a team player who is always willing to help and enjoys a good sense of humour. Growing up in an Italian family, one of three boys, it is no surprise that Robert is an avid soccer player and fan, and is fluent in Italian. When not involved in soccer, he enjoys travelling with his wife, playing volleyball, and spending time on lake fishing.

One of Robert’s major projects for this year is organizing the CDHO province wide presentation “Setting the Record Straight.” His enthusiasm for this project stems from his desire to spread knowledge. “In working on the content for these presentations, I learnt things I wished I had known in practice. There really are a lot of myths out there!”

Robert invites you to meet him when he comes to your district and welcomes your calls for practice advice anytime. Call Robert at the College at extension 237 or email rfarinaccia@cdho.org.

Jane Keir, RDH, BSc, BEd

Jane Keir joined the College as Practice Advisor and Quality Assurance Administrator in May, 2010. Jane practiced clinically in Sudbury and Northern Ontario for almost 20 years before moving to Toronto to become program head at an accredited dental hygiene program. She held a position as a College Quality Assurance Assessor for six years before becoming full-time staff at the College. Her experience in clinical practice, education and assessing has provided her with insight into the challenges dental hygienists encounter in practice.

Jane received her diplomas in dental assisting and dental hygiene from Cambrian College. She completed a Bachelor of Science from Laurentian University and a bachelor of Education from Nipissing University.

Jane’s love of the outdoors and cottage life draws her up to her camp at Ministic Lake most weekends once the ice has left the lake. While her plan is to sit in the sun and relax, the reality is most of her weekends are spent doing the never ending chores associated with cottage life. When time permits Jane manages to get in a couple of rounds of golf.

Colleagues describe Jane as calm and easy going, and especially appreciate her common sense approach. She is a ready listener who keeps an open mind when confronted with new or different challenges.

Jane will be facilitating some of the “Setting the Record Straight” district presentations. Jane is enthusiastic about the format of the presentations and the value of the practical information they deliver. “I know participants will find the presentations fun and informative at the same time.”

Jane welcomes your practice or quality assurance questions by email to jkeir@cdho.org or by phone at extension 235.
On January 18, 2011, letters were sent to over 1,200 of the registered dental hygienists in the province requesting submission of their portfolio. The CDHO has received many phone calls following this selection enquiring about the expectations and requirements for portfolio submissions in January 2012.

**Have I been selected to submit my portfolio?**

Registrants who have been randomly selected to submit their portfolio on January 31, 2012 were sent letters in the middle of January to their address listed on file with the CDHO. In response to requests by registrants, you can now check online at www.cdho.org to see if you are required to send in your portfolio. Go to the “Registration” tab and then to the “Address Change” link. To access your personal information you will need to log in using your registration ID number and birth date. Once inside the address change page, you will see your last and next portfolio assessment year. If the “next assessment year” section states “unknown” you have not been selected to submit your portfolio.

**I am holding an inactive registration or I am not currently working. Do I need to submit my portfolio?**

All registered dental hygienists are required to maintain a portfolio. This includes those who have registered under an inactive status and those who are not working. Names are selected for portfolio submission from those holding an active or specialty registration at the time of selection in mid-January. Once selected, you are required to submit your portfolio for assessment. If you are not working, you will not report on your typical day on form 4A. However, you will need to complete all other sections of the portfolio to demonstrate your continuing competency. The only time a registrant does not have to submit their portfolio is when they have resigned from the College.

I have heard that I need to have 25 hours of activities every year. Is this correct?

The competency guidelines, which came into effect in January 2010, require dental hygienists to complete approximately 75 hours of continuing education over a three-year period. This averages to 25 hours per year. If, for example, you have completed 40 hours of continuing quality improvement activities for 2009, 20 hours for 2010 and 15 hours for 2011, you will have satisfied the required number of hours. Eighty percent of your hours should come from goal-related activities while the remaining 20% may come from non-goal related learning.

**How many goals do I need to have each year?**

There is no minimum or maximum number of goals that must be set in any single year. Each dental hygienist should set their goals depending upon their knowledge needs and estimate the amount of learning needed to achieve that goal. In some cases, a single goal in a year will be sufficient to meet their goal. You should try to set goals that are achievable within one year. For example, a dental hygienist whose goal is to complete a university degree may wish to make each course a separate goal for the year in which the course is completed. Goals should relate to your specific area(s) of practice. Goals for dental hygienists in clinical practice should be related to:

- Dental hygiene science
- Dental hygiene practice
- Ethical and legal obligations of dental hygienists
- Communication, cultural awareness, inclusive practice
- Infection control
- Record keeping
- Professional Portfolio
- Self-initiation
• Social justice as it relates to dental hygiene or access to care
• Inter-professional collaboration or multi-disciplinary practice
• Radiography or radiation safety
• Health and safety or Workplace Hazardous Materials Information System (WHIMIS)
• Process of care

Goals for dental hygienists who are not in clinical practice should be related to their area of practice. For example, a dental hygiene educator may wish to set a goal related to educational theory and methodology.

What types of activities are not acceptable?

The Quality Assurance (QA) Program provides for a wide variety of choices in the method used to maintain and demonstrate competency. The guidelines for continuing competency list various types of recommended learning activities. Activities that should not be included consist of those during which no new learning has taken place, where learning is not related to their dental hygiene practice or where learning is not evidence-based. The following types of activities should not be included:

• Attending business meetings
• Giving a speech at a luncheon or banquet
• Giving speeches or presentations to community, school or church groups
• CPR and first aid re-certification
• Attending staff meetings
• Attending lunch and learn product demonstrations
• Self-study from non-professional magazines, books or journals
• Discussions with product sales representatives, employers and colleagues
• Taking yoga, fitness and/or stress reduction classes
• Reading books related to personal wellness, stress reduction and weight loss

For help in setting acceptable learning goals and selecting appropriate activities, please see the Continuing Competency Guidelines in Section F of the QA package on our website and the July 2008 and November 2008 issues of Milestones.

Online Jurisprudence Education Module

Interactive learning when it’s convenient for you – 24 hours a day, seven days a week.

Increase your understanding of dental hygiene standards and government legislation. Login at www.cdho.org.

One Registrant’s Experience:
I completed the Jurisprudence Education Module and final exam last week and found it to be a very eye opening exercise. This course, with all its requisite readings, is filled with the facts and knowledge we need to answer questions from clients/employers about any aspects of the Regulated Health Professions Act and the Dental Hygiene Scope of Practice. It is also a comprehensive guide for the professional delivery of dental hygiene services. Of particular interest is the section that discusses the prevention of dual relationships and that professional boundaries must always be maintained regardless of how familiar a client might be. There are also exercises that address the improvement of communication as well as the prevention and management of conflicts of interest. Upon completion of the module I felt a heightened sense of professionalism and an increase in confidence as a practitioner.

I encourage all registrants to complete this module – especially those of us who graduated with RCDS registration when there was no accountability for dental hygienists.

–Susan Mach, RDH, BA
Allegations
In a hearing held on November 16, 2010, a Panel of the Discipline Committee found Ms. Margaret Fulford guilty of professional misconduct in that she contravened the Dental Hygiene Act, 1991, the Regulated Health Professions Act, 1991, or the regulations thereunder and engaged in conduct that was disgraceful, dishonourable or unprofessional.

Agreed Statement of Facts
An Agreed Statement of Facts was filed with the Panel that included the facts that on or about March 20, 2009, Ms. Fulford’s certificate of registration was suspended for non-payment of fees. Correspondence was sent twice from the College informing Ms. Fulford of her suspension. However, she continued to practise dental hygiene. Further, despite specifically being told by the Deputy Registrar of the College that her certificate of registration was suspended and that she could not practise dental hygiene until it was reinstated, Ms. Fulford practised dental hygiene prior to her reinstatement.

Submissions on Penalty
There was no joint submission on penalty. The College proposed what it felt was an appropriate penalty and Ms. Fulford submitted that the proposed suspension should be shortened to two weeks and that, as she had already taken a Jurisprudence course, she should not be required to take another one. After careful consideration, the Panel concluded that the terms of the order proposed by the College met the needs of this case and the principles appropriate to setting the penalty. Accordingly, the Panel made the following order with respect to penalty and costs:

1. Ms. Fulford was required to appear before a Panel of the Discipline Committee to be reprimanded, the fact of which shall be recorded on the register of the College of Dental Hygienists of Ontario (the “College”);
Penalty
The Panel was of the opinion that the penalty imposed appropriately addressed the principles of public protection, general and specific deterrence.

The suspension, reprimand and mandated course should act to ensure that such conduct would not be repeated and accomplished the objective of protection of the public. By way of general and specific deterrence, the seriousness of the penalty communicated to the profession and the registrant that such misconduct would not be tolerated. Finally, the requirement to take the ethics and jurisprudence course would serve to rehabilitate the registrant.

The Panel wanted to send a strong message that compliance with the regulatory body and renewal of registration were fundamental requirements to the practice of dental hygiene. The obligation to maintain a current certificate of registration is one of many regulations that are in place to ensure that the public receives safe and effective dental hygiene care. Ms. Fulford's continued 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 hygienist. This was further aggravated by Ms. Fulford's continuing to practise after being told by the College that she could not.

The Panel considered the mitigating factors in this case. Ms. Fulford expressed remorse and pled guilty which saved time and expense for the College. Further, Ms. Fulford had no prior record of professional misconduct.

At the conclusion of the hearing, Ms. Fulford waived her right of appeal and the reprimand was administered by the Panel.

Apology
Part of the penalty imposed on Ms. Fulford included an apology, which is published below.

To the College of Dental Hygienists of Ontario:

I apologize for my conduct and for knowingly practicing dental hygiene while my certificate of registration was suspended. I am now fully aware of my responsibilities to the College, the profession, my peers and the public. I am also aware of the duty of the College to uphold the rules and regulations of the Dental Hygiene Act and the Regulated Health Professions Act.

I intend to keep my integrity to the College and the profession in my future endeavors.

Sincerely,
Margaret Fulford, RDH
Lori Lawrence, RDH, graduated from Algonquin College in 1982. She is co-owner of Smile Sensations, the first independent dental hygiene clinic in Smith Falls, Ontario. Lori is the vice-president of the Independent Dental Hygiene Associates (IDHA).

How has your career evolved?
I have gone from being a shy quiet RDH that worked 9am to 5pm, four days a week in a traditional dental office to a self-initiated RDH that owns a successful, independent dental hygiene office, to a confident RDH that now does regular public speaking engagements, to a founding member and inaugural President of the Dental Hygiene Practitioners of Ontario (DHPO), to an owner and officer of the IDHA whose sole purpose is to promote independent dental hygiene and mentor new entrepreneurs.

What prompted you to apply for self-initiation?
Not being allowed to work to my full scope of practice within the dental office meant that I was unable to serve my clients to their best interest. I needed to ‘get off the clock’ and practice my skills the way I had been taught.

What is main challenge you have faced in opening your own practice?
Public awareness. The public is slow to realize that the RDH can work independently.

What do you think you have done in your practice that most impacts your clients?
I book 75-minute appointments that allow me to take the time to get to know the individual wants and needs of each client. I’m able to develop a relationship with them to guide and educate them towards good oral hygiene.

In my own learning, I have been studying neuromuscular dentistry and its effects on the whole body; this has had a profound affect on how I assess and treat my clients.

Collaboration in the oral health care team is important to client health. How do you think collaboration has changed over the years?
I don’t think collaboration has evolved as quickly as it should have. The country needs an overall strategy and vision centered on co-operation and collaboration.

All health care practitioners should be able to practice their skills to their full scope of practice so that the client is the beneficiary of excellent service. We have to overcome the lack of respect between the different health care disciplines and be mutually supportive.

Have you mentored another dental hygienist?
I have received many phone calls and emails from RDHs. I feel very strongly that it is our responsibility to give back to our profession by helping our colleagues to succeed. It is my intention to help RDHs establish themselves in independent practice across the province. The more independent dental hygiene clinics there are, the more accepted the whole concept becomes to the public.

What do you like best about being in independent practice?
In the traditional dental setting there was only time to clean teeth. Now I get to do it all. I come into work every day knowing I have the time to make a difference. It is without a doubt the most rewarding experience in my professional life.

The public can now choose where and when they will receive dental hygiene services. This client-centered system allows dental hygiene services to make their way into less serviced areas, addressing a need that has been long recognized by the CDHO. This page features RDHs who have taken dental hygiene practices in to less traditional settings.
## 2010 Index

This index is designed to help you find articles from the 2010 issues of Milestones. The magazine’s section heads are listed in alphabetical order, as are the items in each section.

<table>
<thead>
<tr>
<th><strong>Apology</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Forbes</td>
<td>November</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CDHO News</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 Annual Report</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>CDHO in Scotland at the IFDH Symposium</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>CDHO Registrants top 12,000</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>College outreach</td>
<td>March</td>
<td>11</td>
</tr>
<tr>
<td>College welcomes new staff</td>
<td>June</td>
<td>10</td>
</tr>
<tr>
<td>Have questions about dental regulations?</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>Have you given us your email?</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>Important HPARB decision for CDHO</td>
<td>November</td>
<td>11</td>
</tr>
<tr>
<td>Investigation into illegal dental hygiene practice</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>It’s not the instrument, but what you do with it</td>
<td>March</td>
<td>11</td>
</tr>
<tr>
<td>Margaret Stevenson retires from the College</td>
<td>March</td>
<td>12</td>
</tr>
<tr>
<td>Performing re-lines</td>
<td>March</td>
<td>12</td>
</tr>
<tr>
<td>New on the web</td>
<td>November</td>
<td>10</td>
</tr>
<tr>
<td>New practice standard</td>
<td>March</td>
<td>11</td>
</tr>
<tr>
<td>Review your liability insurance</td>
<td>June</td>
<td>10</td>
</tr>
<tr>
<td>Use of the new CDHO logo</td>
<td>March</td>
<td>11</td>
</tr>
<tr>
<td>Working within one’s scope of practice</td>
<td>June</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CDHO Guidelines</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline: Dual Health Care Practices</td>
<td>March</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Council Highlights</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Council and Committee commitment to the work of the College</td>
<td>June</td>
<td>8</td>
</tr>
<tr>
<td>The January meeting ushered in a new Executive Committee</td>
<td>March</td>
<td>8</td>
</tr>
<tr>
<td>The mandate and progress Council had made toward its 2010 goals</td>
<td>November</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Discipline Decision</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacqueline Speight</td>
<td>June</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Feature Stories</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects of client privacy</td>
<td>June</td>
<td>20</td>
</tr>
<tr>
<td>Jurisprudence Education Module now online</td>
<td>June</td>
<td>15</td>
</tr>
<tr>
<td>Mandatory reporting obligations</td>
<td>June</td>
<td>22</td>
</tr>
<tr>
<td>Protect yourself and your clients from potentially fraudulent practices</td>
<td>March</td>
<td>26</td>
</tr>
<tr>
<td>The Registrar’s presentation to the Canadian Health Care Anti-Fraud Association</td>
<td>November</td>
<td>12</td>
</tr>
<tr>
<td>It’s renewal time</td>
<td>November</td>
<td>22</td>
</tr>
<tr>
<td>Significant changes are coming to the RHPA</td>
<td>March</td>
<td>24</td>
</tr>
<tr>
<td>Total Quality Improvement Survey report: part II</td>
<td>March</td>
<td>15</td>
</tr>
<tr>
<td>Treating a spouse is no longer acceptable</td>
<td>November</td>
<td>20</td>
</tr>
<tr>
<td>Understanding the difference between acts, regulations, standards, bylaws and guidelines</td>
<td>November</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Notice</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop. Think. Protect. Amendment to the CDHO Dental Hygiene Standards of Practice</td>
<td>November</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>News From the Field</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access key professional resources in a flash!</td>
<td>November</td>
<td>3</td>
</tr>
<tr>
<td>Adverse reaction monitoring program and database</td>
<td>June</td>
<td>11</td>
</tr>
<tr>
<td>Children’s oral health initiative</td>
<td>March</td>
<td>14</td>
</tr>
<tr>
<td>Encryption of mobile data storage devices</td>
<td>March</td>
<td>14</td>
</tr>
<tr>
<td>Guide to the Accessibility Standards for Customer Service</td>
<td>November</td>
<td>3</td>
</tr>
<tr>
<td>Health Canada advisories</td>
<td>June</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Practice Advice Column</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>June</td>
<td>12</td>
</tr>
<tr>
<td>Billing systems</td>
<td>March</td>
<td>6</td>
</tr>
<tr>
<td>CPR certificate expiration</td>
<td>March</td>
<td>6</td>
</tr>
<tr>
<td>Finding RDHs in independent practice</td>
<td>June</td>
<td>12</td>
</tr>
<tr>
<td>Leaving a practice</td>
<td>June</td>
<td>12</td>
</tr>
<tr>
<td>Pain management</td>
<td>March</td>
<td>6</td>
</tr>
<tr>
<td>Use of nitrous oxide</td>
<td>June</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Practice Reminders</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic prophylaxis</td>
<td>June</td>
<td>14</td>
</tr>
<tr>
<td>Billing insurance companies</td>
<td>June</td>
<td>13</td>
</tr>
<tr>
<td>Direct billing for services</td>
<td>June</td>
<td>13</td>
</tr>
<tr>
<td>Documenting DHP and non-employer compliance</td>
<td>June</td>
<td>14</td>
</tr>
<tr>
<td>Practicing under the name on the CDHO website</td>
<td>June</td>
<td>14</td>
</tr>
<tr>
<td>Pre-entering bill codes</td>
<td>June</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>President’s Message</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>National standards advance the profession</td>
<td>June</td>
<td>4</td>
</tr>
<tr>
<td>President’s address</td>
<td>November</td>
<td>4</td>
</tr>
<tr>
<td>Revising the Standards of Practice to reflect the new norm</td>
<td>March</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Public Education Program</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The CDHO’s Public Education Program</td>
<td>March</td>
<td>5</td>
</tr>
<tr>
<td>The CDHO’s Public Education Program is connecting well with Ontarians</td>
<td>November</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Quality Assurance Column</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio and practice reviews: what to expect in 2010</td>
<td>June</td>
<td>16</td>
</tr>
<tr>
<td>QA and the RHPA: why dental hygienists must maintain a portfolio</td>
<td>November</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Registrar’s Message</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada is a big country, but dental hygiene is a small world!</td>
<td>June</td>
<td>6</td>
</tr>
<tr>
<td>Determining boundaries</td>
<td>March</td>
<td>4</td>
</tr>
<tr>
<td>Why have a designation?</td>
<td>November</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Setting the Record Straight</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rumours and facts</td>
<td>June</td>
<td>7</td>
</tr>
<tr>
<td>Rumours and facts</td>
<td>November</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CDHO Standard of Practice</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Electronic Information</td>
<td>November</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>With a Common Voice</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ending the working relationship between a dentist and a RDH</td>
<td>March</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Your Questions Answered</strong></th>
<th><strong>Issue</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calling CDHO for practice advice</td>
<td>March</td>
<td>7</td>
</tr>
<tr>
<td>Dental hygiene programs</td>
<td>March</td>
<td>7</td>
</tr>
<tr>
<td>Employer control over practise</td>
<td>June</td>
<td>18</td>
</tr>
<tr>
<td>Informed consent</td>
<td>March</td>
<td>7</td>
</tr>
<tr>
<td>Receiving conflicting advice from CDHO</td>
<td>March</td>
<td>7</td>
</tr>
</tbody>
</table>
### Registrant Changes

#### New Registrants

**October 16, 2010 to March 4, 2011**

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Bakal, Saja</td>
<td>014669</td>
</tr>
<tr>
<td>Aldridge, Cassie</td>
<td>014641</td>
</tr>
<tr>
<td>Allkema, Jessica Elske</td>
<td>014616</td>
</tr>
<tr>
<td>Allen, Krista Penny</td>
<td>014698</td>
</tr>
<tr>
<td>Al-Soultani, Alfon</td>
<td>014596</td>
</tr>
<tr>
<td>Andre, Alexandra</td>
<td>014634</td>
</tr>
<tr>
<td>Arthur, Stephanie</td>
<td>014659</td>
</tr>
<tr>
<td>Arunanayagam, Rebecca</td>
<td>014696</td>
</tr>
<tr>
<td>Aujla, Kiran</td>
<td>014725</td>
</tr>
<tr>
<td>Aulakh, Rajwinder Kaur</td>
<td>014773</td>
</tr>
<tr>
<td>Avelar, Stephanie</td>
<td>014749</td>
</tr>
<tr>
<td>Banks, Lindsay</td>
<td>014686</td>
</tr>
<tr>
<td>Bassi, Farnaz</td>
<td>014597</td>
</tr>
<tr>
<td>Bellido, Darice</td>
<td>014633</td>
</tr>
<tr>
<td>Beltran Reina, Nidia Constanza</td>
<td>014546</td>
</tr>
<tr>
<td>Benipal, Prabhjot</td>
<td>014723</td>
</tr>
<tr>
<td>Bergh, Danielle Roxanne</td>
<td>014592</td>
</tr>
<tr>
<td>Blane, Kristy</td>
<td>014710</td>
</tr>
<tr>
<td>Boone, Melissa Lynne</td>
<td>014748</td>
</tr>
<tr>
<td>Boone, Rebecca Emma Charlotte</td>
<td>014593</td>
</tr>
<tr>
<td>Braam, Stacey</td>
<td>014649</td>
</tr>
<tr>
<td>Brea, Vanessa</td>
<td>014709</td>
</tr>
<tr>
<td>Brown, Kailin Anne</td>
<td>014581</td>
</tr>
<tr>
<td>Calotte, Medghina</td>
<td>014699</td>
</tr>
<tr>
<td>Cameron, Rena Raylyne</td>
<td>014740</td>
</tr>
<tr>
<td>Carker, Jody</td>
<td>014660</td>
</tr>
<tr>
<td>Carswell, Suzanne Christine</td>
<td>014705</td>
</tr>
<tr>
<td>Carvalho, Milton</td>
<td>014768</td>
</tr>
<tr>
<td>Carvalho dos Santos, Amanda</td>
<td>014537</td>
</tr>
<tr>
<td>Cauchy, Shenilyn</td>
<td>014736</td>
</tr>
<tr>
<td>Chappell, Nyssa Breanne</td>
<td>014769</td>
</tr>
<tr>
<td>Charles, Karen Heath</td>
<td>014757</td>
</tr>
<tr>
<td>Campaglia, Nicole Juilianna</td>
<td>014530</td>
</tr>
<tr>
<td>Cobena, Johanna Merly</td>
<td>014734</td>
</tr>
<tr>
<td>Cohen, Lauri Mira</td>
<td>014680</td>
</tr>
<tr>
<td>Coleman, Rebecca Stacey</td>
<td>014695</td>
</tr>
<tr>
<td>Colucci, Stephanie</td>
<td>014607</td>
</tr>
<tr>
<td>Cook, Kristal Amber</td>
<td>014582</td>
</tr>
<tr>
<td>Cooke, Crystal Lynn</td>
<td>014625</td>
</tr>
<tr>
<td>Corbett, Adrienne</td>
<td>014559</td>
</tr>
<tr>
<td>Corcoran, Jade</td>
<td>014707</td>
</tr>
<tr>
<td>Crawford, Jessica</td>
<td>014605</td>
</tr>
<tr>
<td>Cutting, Rebecca</td>
<td>014767</td>
</tr>
<tr>
<td>Daigle, Karine Lynne</td>
<td>014764</td>
</tr>
<tr>
<td>Dayao, Evelyn</td>
<td>014621</td>
</tr>
<tr>
<td>De Angeliis, Danielle</td>
<td>014608</td>
</tr>
<tr>
<td>De Carufof, Eve Lyne</td>
<td>014618</td>
</tr>
<tr>
<td>Delaney, Gwen</td>
<td>014623</td>
</tr>
<tr>
<td>Deng, Xi Li</td>
<td>014691</td>
</tr>
<tr>
<td>Dhindsa, Mandeep</td>
<td>014679</td>
</tr>
<tr>
<td>Doyon, Sarah</td>
<td>014624</td>
</tr>
<tr>
<td>Drapiza, Brizelda</td>
<td>014712</td>
</tr>
<tr>
<td>Dunbar, Lisa Michelle</td>
<td>014600</td>
</tr>
<tr>
<td>Duncan, Desiree Deirda</td>
<td>014622</td>
</tr>
<tr>
<td>Escubil, Glenda</td>
<td>014673</td>
</tr>
<tr>
<td>Fintineau, Alina</td>
<td>014569</td>
</tr>
<tr>
<td>Francia, Fatima</td>
<td>014729</td>
</tr>
<tr>
<td>Francisco, Joni Jean</td>
<td>014661</td>
</tr>
<tr>
<td>Frauley, Laura</td>
<td>014732</td>
</tr>
<tr>
<td>Froehlich, Katelyn</td>
<td>014567</td>
</tr>
<tr>
<td>Fry, Kari Alysa</td>
<td>014567</td>
</tr>
<tr>
<td>Gallano, Bonitilla</td>
<td>014700</td>
</tr>
<tr>
<td>Galons, Laura</td>
<td>014646</td>
</tr>
<tr>
<td>Girard, Katheryne</td>
<td>014540</td>
</tr>
<tr>
<td>Girdwood, Corissa</td>
<td>014750</td>
</tr>
<tr>
<td>Golley, Sara</td>
<td>014676</td>
</tr>
<tr>
<td>Goudreau, Robyn Lee</td>
<td>014727</td>
</tr>
<tr>
<td>Gourley, Krysta Lynn</td>
<td>014571</td>
</tr>
</tbody>
</table>
Authorized for Self-Initiation

October 16, 2010 to March 4, 2011
Turenne, Rosanne Leanne 002630
Turney, Wendy Anne 003254
Tusim, Patricia Tracy 0009035
Valente, Laura 010368
Van Arkel, Neia 013174
Vanamburg, Susan Lori 007732
Vanderlaan, Trisha Wendy 006459
VanDeVeen, Maureen E 001287
Villeneuve, Bessie Anne 003955
Wingrove, Nancy 002888
Wise, D Elizabeth 000428
Wisniewska, Joanna 008164
Wong, Goretti 011794
Wong, Goretti 011794
Zaman, Maryam 013823
Yeres, Esther 000718
Zorn, Erika 009356

October 16, 2010 to March 4, 2011

Resignations

October 16, 2010 to March 4, 2011

Reinstated

October 16, 2010 to March 4, 2011

Milestones

RegistraT STATUs rEport

26 MILESTONES MARCH 2011
Suspended for Non-Payment of Fees
On February 22, 2011

Abou-Assaly, Rosemary 012459
Amirikoo, Reza 013795
Andre, Alexandra 014634
Atkinson, Katrin Elizabeth 009394
Ballantyne, Anne Elise 012560
Barnett, Christine Lynn 011316
Beaver, Nancy Jean 001451
Bechard, Lindsay Marie 012412
Blhoney, Monica 007619
Boyd, Amanda 012383
Bradfield, Laura Jane Katherine 013700
Broderick, Ashley 013869
Brooks, Betty Jean 005912
Brown, Karen Carolyn 009479
Brnjic, Caroline 008294
Buenaventura, Leah Marie 013805
Campbell-Rousselle, Lisa Ann 002938
Carty, Tasha 013856
Chhoker, Josie 011677
Chung, Doo 010513
Clifford, Sarah Elizabeth 008980
Clinton, Lydia Jennie 003087
Cobbett, Noel Olivia J 005831
Colledge, Corinne 007832
Comroy, Suzan 003655
Corrier, Caroline 015740
De Gonzalez, Stacie Anne 012491
De Langy, Suzanne 005198
Debeau, Andrea Kate 007791
Domski, Melanie Andrea 012366
Douramoza, Christina 010691
Doyle, Sonja Helen 011022
Draper, Kelli Lynette 012016
Eaton, Mallory Margaret 013440
Eid, Antoine 010820
Essak, Hina 011058
Farmand, Nakissa 012595
Fenton, Jennifer Ruthe 005444
Fielding, Jessica Frances 011027
Flynn, Robyn Reisha 013972
Foster, Margo 011397
Franck, Giselle Jeanne 001495
Futrup, Charlene 006684
Gallant, Melissa 014376
Gauthier, Suzan 007594
Genge-MacDonald, Sarah 014175
Gil, Rajwant 007555
Grierson, Amanda Leigh 009810
Grygatowicz, Trena 004114
Han, Ting 010685
Han, Fatima 009957
Hauber, Jillian Marie Heather 008219
Hicks, Lindsay 009127
Hill, Rebecca Susan 013908
Ireland, Andrea Rebecca 012835
Jackson, Carrie 008898
Javier, Dyer 013996
Jeyarajah, Geethavani 013522
Jollimore, Alissa Elizabeth 013566
Kadoski, Karen 001729
Keating, Janet Louise 009768
Kendrick, Melissa 013994
Khan, Sameera 013957
Kitchikake, Kim 014424
Knippel, Manon 009992
Knoll, Laura 013485
Laderoute, Jessica Jacqueline 010008
Lake, Jennifer 012676

Lam, Lisa 013649
Lamond Livingston, Alycia 009331
Lavoie, Nicole Gabrielle 001689
Lemieux-Pinsonneault, Penni-Lynn 003740
Lewis, Melissa Susan 012246
Li, Andrea 012592
Lizak, Danielle 011951
Luczak, Aleksandra 010372
Lysell, Margaret E 004520
Ma, Chor Wah 005885
Maded, Pola 012657
Mahabir, Rohan 014427
Marcolette, Abby 012656
Mark, Olivia 013780
Marshall, Sara 014125
Martin, Sandra Kim 003484
Martin, Taija 013382
Matson, Kylee 013395
McCruden-Crozzer, Isabelle M 003050
Mironescu, Cipriana Adelina 011467
Mistry, Hiral 013134
Misurka, Ashley 013465
Moore, Beth Ann 011462
Morrocco, Lynn Ann 006607
Nelmes, Karen Susan 008836
Ngoy, Tshieba 013937
Palleschi, Marisa 008761
Patterson, Suzanne 006816
Patterson Reid, Krista Pauline 009019
Phillips, Erin Michelle 013891
Pineo, Stephanie Nicole 013814
Pinto, Viviana 011876
Piser, Batsheva 012825
Potter, Karen Daphne 005163
Poulin, Sophie 006694
Price, Sharon Leslie 005244
Quraishi, Farhana 010900
Ranger, Chelsea Lynne 010547
Rayner, Joanna Sandra M 001394
Rayo, Natalia 014531
Reis, Nancy 013807
Richard, Cindy Diane 012370
Richard, Tasha 012642
Robitaille, Gilberte Cecile 002563
Rossi, Tatiana P 005736
Santerre, Alice Marie Liane 008976
Saraglia, Tresa 004933
Schimmoneck, Rosetta 011389
Schottlander, Sara Jennifer 010630
Shantz, Sydney 011939
Sidhu, Gemma 011936
Sidhu, Satwant Kaur 012040
Smith, Nancy Jane 002698
Soave, Mary Elena 006959
Stein, Mary 008696
Stempi, Lindy 010248
Tanner, Shandie Lynn 013554
Taylor, Robert James 011466
Thibeault, Heather 014001
Trotter, Allison Dawn 009658
Turk, Lisa Erin 002787
Turner, Tammy Lea 012977
Vaiman, Ilana 005369
Van Hamme-Blevins, Esther Lee 004351
Vashisth, Anjali 009711
Vezier, Alicia Denise 006952
Vernier, Sherienne Cairney 014338
Vokri, Suzana 012852
Vural, Halede 013558
Walach, Michael 012956
Waye, Marjorie Irene 003787
Wei, Mimi 014404
Wells, Marcia Geraldine 004292
Wells-Scott, Nicola 006503

Wheelan, Emily Judith 010682
Wick, Randy 013567
Yasin, Muhammad Zahid 013660
Yu, Sue 013735
Zaid, Ghazala 010823
Zaidel, Romy Gabrielle 012241
Zewdu, Tsete De 013589

2011 Revocations
Barchard, Mary-Ann 006126
Cameron, Kathleen Margaret 010681
Cecile, Danielle Christine 011386
Chantal, Rachel 012315
De Guzman, Aristotle 010950
Elson, Brenda 010195
Fulton, Stacey 006826
Gold, Sandy 001395
Guindon, Jaydine Andrea 008308
Harvey, Leah Erin 011273
Honec, Alexsea Amber 010986
Hopkins-Paget, Cheryl Anne 011152
Murray, Jacqueline Ann 006573
LaM, Fabrice 012392
Ledis, Anna 011395
Lee, Wanda Ann 003761
MacNeil, Christine Marguerite F. 009444
Mayer, Karen Lisa 003244
Mercer, Robin Lynn 008059
Merchant, Shams 011788
Moosie, Simone Elizabeth 011443
Mwangi, Josiane 011446
Novak, Kimberley 008264
Pavelic, Sondra Marie 004053
Ramsay, Amy 011309
Riley, Donna M 007543
Saquin, Marion Angela 011274
Seymour, Sarah 011464
Simpson, Vicki 012549
Spencer, Roslyn 011623
Varuna, Tina Alicia 011808
Veira, Lisa Pires 008570

Deceased
As of October 16, 2010
Clement, Annik 010533
Ridout, Katherine E 004324

MARCH 2011 Milestones 27
registrant STATUS REPORT
Attention
All Dental Hygienists and Dental Hygiene Students

The CDHO Invites You to Attend
“Setting The Record Straight”

For dates, locations and how to register, please look inside on page 15 of this issue of *Milestones.*