College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire

www.cdho.org

Certificate of Professional Conduct

SECTION 1

(To be completed by the individual requesting the certificate and faxed, mailed or emailed to the CDHO)

.....

Surname | Given name(s) | Former name(s) (if applicable)

Mailing Address: ..... Street | City

.....

Province | Postal Code | Country

.....

Tel. | Fax | Email address

Registration No.: .....

Mail to (Name and address of the receiving regulatory authority): .....

.....

.....

Fee

There is a fee of $15 for a Certificate of Professional Conduct.

Offline Payment

Payment Type: Certified Cheque ❑ Money Order ❑

Online Payment

An email with payment instructions will be sent to you once your application has been approved.

Authorization to Release Information

I authorize the College of Dental Hygienists of Ontario to provide the information requested in **Section 2**, and any additional information relevant to my suitability to practise dental hygiene, including any information requested

by _____.
(Receiving regulatory authority)

I acknowledge that any information obtained by the CDHO may be disclosed to other regulatory authorities for regulatory purposes.

....

Signature | Date

If the receiving regulatory authority requires completion of a specific form, please attach it to this authorization.

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Certificate of Professional Conduct

SECTION 2

(To be completed by the College of Dental Hygienists of Ontario and sent directly to the receiving regulatory authority. A copy will be forwarded to the individual requesting the certificate.)

.....

Surname | Given name(s) | Former name(s) (if applicable)

....

Registration number | Date of initial registration

Current registration period From: ..... To: .....

.....

Current category of registration (General/Specialty/Inactive)

1. Has the registrant's Certificate of Registration ever been suspended, cancelled or revoked? ..... Yes ❑ No ❑
2. Does the registrant have any outstanding obligations including those related to unpaid fees or requirements for information? ..... Yes ❑ No ❑
3. To your knowledge, does the registrant have any pending criminal or relevant civil proceedings? ..... Yes ❑ No ❑
4. To your knowledge, are there any criminal or relevant civil findings against the registrant? ..... Yes ❑ No ❑
5. Has the registrant ever had a finding in the nature of professional misconduct, incompetence or incapacity, or a like finding made against her/ him? ..... Yes ❑ No ❑
6. Is the registrant currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetence or incapacity, or any like investigation or proceeding? ..... Yes ❑ No ❑
7. Does the registrant have any terms, conditions, or limitations on her/his Certificate of Registration? ..... Yes ❑ No ❑
8. Does your organization have any other information relevant to the suitability of the registrant to practise dental hygiene that is not disclosed above? ..... Yes ❑ No ❑

Additional information:

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I, Jane Keir, Director, Professional Practice/Deputy Registrar, acting on behalf of the College of Dental Hygienists of Ontario, do hereby certify that the foregoing statements are true statements of the registration record for

..... .

(Name of registrant)

SEAL OF CDHO

....

Signature (Jane Keir, RDH, BSc, BEd) Date