CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Request for Extension or Deferral of Quality Assurance Requirement(s)

TO BE COMPLETED IN FULL

Name:	Registration ID #:
Registrant's signature:	Date: (MM/DD/YYYY)

1. Are you requesting an ☐ extension* or ☐ deferral*? Please check one.
2. What Quality Assurance requirement are you requesting an extension or deferral for?
3. What is the reason for your request?
4. What is the original due date of your QA requirement? (MM/DD/YYYY)

   What is your proposed new date? (MM/DD/YYYY)
5. Are you including any documentation to support your request? If so, please list attachments. Requests for consideration on medical grounds must include a completed **Professional Verification of Medical Condition Form.**
6. Do you have any additional information you wish to provide to the Committee to assist them in making their decision?
7. **Are you currently working?** Please provide any details.

*Extension – asking the Committee to delay the due date for your current Quality Assurance requirements
*Deferral – asking the Committee to change your assessment years