CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Application for Clinical Competency Evaluation for Registration

FOR OFFICE USE ONLY

Application Received: _____ Date of Clinical Evaluation: _____

Location of Clinical Evaluation: _____

Results of Clinical Evaluation: Successful Unsuccessful

$1,500.00 CAD - FEE REQUIRED FOR CLINICAL COMPETENCY EVALUATION

☐ I will pay online after my application is approved. I understand that failure to make prompt payment after approval may result in the cancelation of my application and the loss of my reserved spot on the assessment date.

Online payments can be made with **Visa** or **MasterCard** only, including Visa Debit and MasterCard Debit. Prepaid or gift cards will not process through the online banking system.

○ Certified Cheque OR ○ Money Order

(Payable to the CDHO in Canadian funds)

NO CASH / PERSONAL CHEQUES ACCEPTED

CONTACT INFORMATION

DO YOU REQUIRE A LEFT-HANDED UNIT? Yes ○ No ○

SURNAME	**GIVEN NAMES**		
HOME ADDRESS (CURRENT/ACTUAL):	Street		Apt/Unit #
	City	Province	Postal Code
TELEPHONE	**EMAIL**		
CDHO REGISTRATION ID # (If applicable):	**PREFERRED LANGUAGE FOR WRITTEN ASSESSMENT:** English ⊙ French ○		

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

DENTAL HYGIENE EDUCATION

NAME OF COLLEGE

LOCATION | **GRADUATION DATE**

REQUIRED DOCUMENTATION (Tick one):

- ○ Copy of Dental Hygiene Diploma – enclosed with this form or already on file

OR

- ○ Form C and transcripts – submitted directly from your college of graduation

HAVE YOU SUCCESSFULLY PASSED THE NDHCE? Yes ○ No ○ | **DATE** | **NO.**

HAVE YOU BEEN UNSUCCESSFUL ON A CLINICAL EVALUATION IN ONTARIO OR ANOTHER PROVINCE OR TERRITORY? Yes ○ No ○

IF SO, WHICH ONE/S | **DATE/S**

PROFESSIONAL LIABILITY INSURANCE

INSURANCE COMPANY | **POLICY NO.**

AMOUNT OF COVERAGE | **EXPIRATION DATE**

REQUIRED DOCUMENTATION ☐ Copy of Professional Liability Insurance Policy – enclosed with this form

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND I AGREE TO HAVE MY RESULTS SHARED WITH OTHER DENTAL HYGIENE REGULATORY AUTHORITIES

_____ Signature of Applicant

_____ Date

September 2019