

Form C - Certificate of Dean or Principal of College/University Granting Diploma/Degree in Dental Hygiene

Section 2 of this form must be completed by the Principal of the College/University in which you obtained your diploma in dental hygiene.

SECTION 1

SURNAME

GIVEN NAMES

FORMER NAME(S)

COLLEGE/UNIVERSITY OF GRADUATION

**COLLEGE/UNIVERSITY
 ADDRESS:**

Street

City

Province

Postal Code

Country

I AUTHORIZE _____ (College/University of Graduation) to provide the information requested below and any additional information requested by the College of Dental Hygienists of Ontario in order to process my application.

APPLICANT'S SIGNATURE

DATE

SECTION 2

To be completed by the College/University of Graduation and forwarded along with an official transcript of results directly to:

The College of Dental Hygienists of Ontario
 175 Bloor Street East, North Tower, Suite 601
 Toronto, Ontario, Canada M4W 3R8

NAME OF GRADUATE

NAME OF PROGRAM COMPLETED

DATE OF ADMISSION

DATE OF GRADUATION

SECTION 2 (CONT'D)

Was the dental hygiene program accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation at the time of the applicant's graduation?

Yes No



Signature of Dean or Principal

Date

Reviewed: December 2016

