CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Application for Written Assessment for Registration

FOR OFFICE USE ONLY

Application Received: ______________________ Date of Written Assessment: ________________

Location of Clinical Evaluation: ______________________

Results of Clinical Evaluation: Successful Unsuccessful

$675 FOR THE FIRST ATTEMPT, OR $575 FOR SUBSEQUENT ATTEMPTS OR WHEN ALSO APPLYING FOR THE 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

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		

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.**

DECLARATION AND SIGNATURE

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

May 2019