

Self-Evaluation of a Restorative Dental Hygiene Program — Checklist

REGISTRANT'S FULL LEGAL NAME:

REGISTRATION ID NUMBER:

Please print/type your name and CDHO registration ID number above.

CHECKLIST

Use this checklist to ensure that you have submitted, or you have made arrangements to have submitted to CDHO, all required documentation. Sign and date the bottom of this form and include it with your application package.

- Completed **Self-Evaluation** form and copies of all supporting **course documents**.
- Proof of completion of the restorative dental hygiene program**, to be sent to CDHO directly from the institution or course provider.
- Completed **application for a specialty certificate of registration**.
- A legal description of the practice of restorative dental hygiene** from the jurisdiction/country of education, to be sent to CDHO directly by the dental hygiene regulatory authority in that jurisdiction.
- CDHO Form B, Certificate of Professional Conduct** (*if applicable*) — If you have been registered to practise as a restorative dental hygienist outside of Ontario, then you are required to have the regulator or licensing body complete Form B and submit it by mail/courier directly to CDHO.
- Proof of completion of the restorative refresher course** (*if applicable*) — If you completed the restorative program more than three years prior to this application and you have not practised restorative dental hygiene in the last three years, then you are required to complete an approved restorative refresher course.

Signature of Applicant

Date (MM/DD/YYYY)

September 2018