

Form 1 – Application for Assessment of Educational Credentials and Qualifications for Graduates of Non-Accredited Dental Hygiene Programs

PLEASE TYPE OR PRINT CLEARLY

DATE OF BIRTH (DD/MM/YYYY) **SURNAME** (LAST) **GIVEN NAMES** (FIRST, MIDDLE)

HOME ADDRESS (TO WHICH ALL CORRESPONDENCE, INCLUDING RESULTS, WILL BE MAILED)

STREET (NUMBER, NAME, APARTMENT NUMBER)

CITY

PROVINCE

COUNTRY

POSTAL CODE (OR COUNTRY CODE)

MAIN PHONE NUMBER

ALTERNATE PHONE NUMBER

EMAIL ADDRESS (REQUIRED)

LIST ALL SCHOOLS, COLLEGES, INSTITUTES AND UNIVERSITIES ATTENDED IN ORDER TO OBTAIN YOUR DENTAL HYGIENE QUALIFICATIONS. (START WITH THE MOST RECENT ONE - USE ADDITIONAL PAPER IF NECESSARY)

NAME OF INSTITUTE	CITY & COUNTRY	ATTENDANCE FROM/TO (MM/YYYY)	YEAR OF GRADUATION	LANGUAGE OF EDUCATION	NAME OF DIPLOMA/ DEGREE/ CERTIFICATE	ENCLOSED	
						YES	NO

Assessment Fee: \$ 800.00*

** Cost subject to change without notice*

1. An assessment will not be started until all fees are paid in full and all the required documentation has been received by the CDHO. Incomplete applications may result in a significant delay in beginning the assessment. Once all documentation is received, the assessment starts and is usually completed within 10 to 12 weeks. The assessment will take longer if the CDHO needs to do additional research, verify documents or require additional information from the institution.

2. If an applicant wishes to authorize a third party/agent to act on their behalf, written authorization is required. Information, correspondence, and results will be given to the applicant OR to their agent. No information will be released over the telephone.

CONSENT/WAIVER

By checking the boxes and signing the application form below, the applicant:

- Certifies that the supplied information is true and accurate to the best of their knowledge.
- Realizes that this assessment is not binding on any institution or organization, and releases the CDHO from any liability for damages incurred due to the use of this assessment report.
- Acknowledges that, if the CDHO and its agents determine that ANY document(s) submitted with respect to an application is fraudulent, forged, altered or irregular, the assessment will be terminated and the fee will NOT be refunded.
- Agrees that the fees, once paid, are non-refundable.
- Allows the CDHO to contact any relevant institutions for verification purposes and to request any additional information needed prior to completing the assessment.
- Acknowledges that information and documents relative to an applicant may be disseminated to a network of education credential evaluation services, and applicant authorizes such dissemination.
- Certifies that they have read and fully understand the above, and agree with the terms outlined.

Signature of Applicant

Date (MM/DD/YYYY)

THE APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID SIGNATURE

MAIL TO:

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

September 2018