

Form 2 – Document Release Form – Assessment of Educational Credentials and Qualifications for Graduates of Non-Accredited Dental Hygiene Programs

APPLICANT TO COMPLETE THIS SECTION

NAME OF APPLICANT (FULL LEGAL NAME)

STUDENT ID NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MONTH/YEAR OF GRADUATION

I hereby allow the official representative from my dental hygiene institution named on the next page to be the liaison and be responsible to provide to the College of Dental Hygienists of Ontario (CDHO) all pertinent supporting documentation that will be needed for me to complete my file in order to have my educational credentials and qualifications in dental hygiene assessed by the CDHO.

Signature of Applicant

Date (MM/DD/YYYY)

INSTRUCTIONS TO THE SCHOOL FOR COMPLETING AND SUBMITTING THE INFORMATION AND DOCUMENTATION

The former student named above has applied for registration with the College of Dental Hygienists of Ontario (CDHO). Because they completed a dental hygiene program that was not accredited by either the Commission on Dental Accreditation of Canada or the American Dental Association's Commission on Dental Accreditation, their educational credentials and qualifications must be assessed.

The candidate has agreed to have you correspond directly with the CDHO and its representative in order to provide us all supporting documentation that will be needed in order to complete the applicant's assessment. Please complete the information requested in this form. Your institution's Registrar, Dean, Program Director or Principal may complete the Document Release Form. **The institution, or you as the named representative, must send this information directly to the CDHO office, and not to the former student/applicant.** We will not accept this form or any other supporting documentation if it does not come directly from your institution.

This document is prepared for a variety of teaching institutions around the world including North America. Some questions or terms used within this document may not have the same meaning outside of North America (e.g. modules, problem-solving based education, etc...). If you are having any difficulty understanding any of the terms or questions in this document, please contact us at registration@cdho.org for clarification.

DOCUMENTS TO SEND WITH THE COMPLETED DOCUMENT RELEASE FORM

Along with this form, including this page, please send us documents that contain the following information about your former student's education:

- ☐ A program catalogue or a website link to the program, **from the time of study/graduation of the student.**
- ☐ Entire program syllabus from the time of study/graduation of the student, including a course description, detailed course content, learning objectives, outcomes or competencies **for each course.**
- ☐ Duration of the program and all courses (amount of credits or hours allocated **for each course/semester/year**).
- ☐ The number of classroom, laboratory, preclinical and clinical credits or hours, grades or marks earned **for each course.**
- ☐ Detailed description of preclinical/laboratory and practical experiences.
- ☐ Report cards on supervised clinical practice rotations and direct client care activities, including the number of hours, the areas practiced, and a detailed description of the supervised clinical practice.
- ☐ Report cards on external rotations in the areas of education, health promotion, hospital dentistry, public health and/or community dental hygiene practice.
- ☐ Detailed description of the methods of evaluation for each course (e.g. by examination, projects, weekly tests) including all direct client care evaluation criterion.
- ☐ The rating/grading scale relevant to the student's time of study.

**NOTE: PLEASE PROVIDE ALL SUPPORTING DOCUMENTATION IN THE
LANGUAGE OF INSTRUCTION.**

If the language of instruction is not English or French and your institution does have a word for word translation of all supporting documents in either English or French, the CDHO will accept both documents as long as you authenticate that the translation is valid and true.

If you do not have a word for word translation of all supporting documents, it will be the responsibility of the applicant to have the original documents translated after the CDHO have received the original documents from your institution.

DENTAL HYGIENE PROGRAM INFORMATION

The Dental Hygiene Educational Institution Must Complete This Section (pages 3-6)

This form is completed by:

☐ Registrar ☐ Program Dean ☐ Principal ☐ Program Director

Name (Please print): _____

Email: _____

Signature: _____

Date (MM/DD/YYYY): _____

Full name of student: _____

Date of birth (MM/DD/YYYY): _____

Name of the Dental Hygiene (DH) institution: _____

Name of school (if different from above): _____

Address of the DH institution: _____

Telephone: _____ Web page: _____

Name of degree, diploma or certificate awarded: _____

Language of instruction: _____

Minimum academic entrance requirement for the program: _____

Student's mode of entry if different from above: _____

Number of credits transferred from previous education (if applicable): _____

Student admission date: _____ Student completion date: _____

Length of DH program:

Number of years _____ Number of semesters _____ Total number of hours _____

How many weeks in one semester _____ How many hours in 1 credit _____

SCHOOL SEAL / STAMP

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How many practical hours in 1 credit: _____

This type of DH program is: ☐ Modular ☐ Problem-based ☐ Semester ☐ Other: _____

Date the student fulfilled all educational and clinical requirements for the DH program: _____

Date DH degree/diploma/certificate was awarded: _____

Is there a designated authority that is legally entitled to accredit your institution? Please indicate its full name.

☐ Ministry/Dept of Education ☐ Ministry/Dept of Health ☐ Other (Specify): _____

Can the student work as a dental hygienist after they successfully completes your program? ☐ Yes ☐ No

What are the requirements for a student to be able to work as a dental hygienist after successfully completing your program?

For example, are there other requirements that the student must fulfill before they are eligible to work as a dental hygienist (e.g. national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities) in your country? **Please provide as much information as possible.**

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1. Was Independent / Autonomous Practice / Primary Care Provider training included in the curriculum?

☐ Yes ☐ No

If yes, write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Independent / Autonomous Practice?

Are dental hygiene students taught how to make a dental hygiene diagnosis?

☐ Yes ☐ No

Are your graduates allowed to make a dental hygiene diagnosis?

☐ Yes ☐ No

Can your graduates develop a treatment plan independent of a dentist's direction?

☐ Yes ☐ No

2. Was Evidence-Based Practice principles included in the curriculum?

☐ Yes ☐ No

If yes, write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Evidence-Based Practice?

3. Was Scientific Inquiry/Research included in the curriculum?

☐ Yes ☐ No

If yes, write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Scientific Inquiry?

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4. Was Professional Conduct (Jurisprudence) and Ethics included in the curriculum? ☐ Yes ☐ No

If yes, write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

5. How do you define the Dental Hygiene Practice Model taught in your curriculum?

Write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

6. Was Ergonomic principles taught in the curriculum? ☐ Yes ☐ No

If yes, write the name(s) and/or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

7. Total number of hours of faculty-supervised clinical practice hours in dental hygiene: _____

8. Breakdown of hours of supervised clinical practice in dental hygiene in the following environment:

Direct client care in a clinical setting: _____ Oral Health Education: _____

Health Promotion / Community Public Health: _____ Other hours: _____

Please describe the area of practice:

Send this form (including the first page with the area completed by the former student), along with all supporting documentation **directly to us** (*and NOT through the student*). Please send to:

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