

Form 4: Self-Reporting of Continuing Competence Activities

Since you have graduated in dental hygiene you may have pursued your professional development to ensure your practice remained current and evidence-based. If you attended continuing education courses since graduation that would either satisfy any of the competencies that were not identified as part of your educational program (FORM 3) or any activities to ensure continuing competence over the years, please fill out this form.

Applicant – PLEASE COMPLETE THIS SECTION

Legal Name of Applicant:

Full Legal Name

I certify that the information provided below is true and valid.

Date (MM/DD/YYYY): Signature of Applicant:

Please list each course as per the template on the next page. Submit to the College of Dental Hygienists of Ontario either the original or a notarized copy of a letter/proof of attendance for EACH continuing education course/activity you have taken since graduation. The proof of attendance must be in your name and include: name of course, course description, name of the lecturer(s), number of hours/credits for the course. If the document(s) are not in English or French, documentation must be accompanied by a **word for word translation in either English or French** that has been completed by a certified translator.

Types of evidence that will be accepted to validate your continuing competence activities:

- **College or University certificates or diplomas.** A valid, identifiable and recognized original document or a notarized copy.
- **Letters of validation.** These confirm specific details about an applicant's course/activity and come from a valid, identifiable and recognized source.
NOTE: We do not accept letters of reference from an employer.
- **Published articles, handbook, papers,** etc., that you wrote yourself or to which you were a collaborator.
- Other valid, identifiable and recognized original or notarized document to support your continuing competence activities/courses.

	<i>Course/Activity Title</i>	<i>Date & Location</i>	<i># hour(s)/ credit(s)</i>	<i>Course provider + speaker/ lecturer (with credentials)</i>	<i>Course Description (Summary)</i>	<i>Specific examples on how you integrated this new learning into your day-to-day dental hygiene practice</i>
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