

**Fee Increase Announced for 2017**

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**Seven-Step “Look and Feel” Oral Cancer Screening**

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**Illegal Practice Is a Serious Matter**



**MILLESTONES**





# College of Dental Hygienists of Ontario

Protecting your health and your smile

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.

## IN THIS ISSUE



## CDHO COUNCIL

### District 1

Michele Carrick (RDH)

### District 2

Roma Czech (RDH)

Marlene Heics (RDH)

### District 3

Jennifer Turner (RDH)

### District 4

Evie Jesin (RRDH)

Pauline Leroux (RDH)

### District 5

Bev Woods (RRDH)

### District 6

Cindy MacKinnon (RRDH)

### District 7

Heather Blondin (RDH)

### District 8

Gail Marion (RDH)

### Academic

Janet Munn (RRDH)

Catherine Ranson (RDH)

### Public Members

Michael "Mike" Connor

Fernand Hamelin

Vinay Jain

Beatrix Kau-Lui

Julius Nathoo

Tote Quizan

Anne Venton

Saeed Walji

Yvonne Winkle

RDH = Registered Dental Hygienist

RRDH = Reg. Restorative Dental Hygienist

For more information on Council and Council Meeting Dates, please go to [www.cdho.org](http://www.cdho.org).

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## PRESIDENT'S MESSAGE

Jennifer Turner RDH, BSc

The CDHO Council has continued to work diligently at the committee level, and as a whole, working on Policy Governance and Strategic Planning. Early this year Council attended a two-day workshop titled “Advanced Concepts in Regulatory Governance”, facilitated by the Council on Licensure, Enforcement and Regulation (CLEAR). Sessions such as this are provided for Council to ensure that we have the foundation for effective regulatory governance. Thanks to a very informative two days, Council came away with strategies for dealing with some of its specific challenges including dealing with transition, facilitating positive communication and increasing transparency to the public.

On Friday, January 22, 2016 Council held its elections for the 2016 Executive Committee. I was re-elected as President and Cindy MacKinnon was elected as Vice-President. Bev Woods, Tote Quizan and Fernand Hamelin were elected to complete the Executive Committee which is made up of three professional and two public members. We are happy to have Gail Marion and Evie Jesin on Council as newly elected Professional Members and Saeed Walji as our latest Public Appointment.

On March 4, 2016 Council voted to amend Bylaw 5 Article 16.2 as follows: annual fees for a general or specialty certificate will be \$400.00 and annual fees for an inactive certificate will be \$200.00. These changes will come into effect for the registration period starting January 1, 2017. This proposal also sees an increase to the general and specialty certificate by an additional \$15.00 in 2020, and \$20.00 in 2023. Council is invested in self-regulation and recognizes the cost of meeting its regulatory obligations and is confident that the ten-year projection plan will support the College's needs.

Council based their decision on a Financial Forecasting Report obtained from the accounting firm Hilborn LLP. This is the first fee increase in the 22-year history of the College. Council would like to thank the 1% of registrants that participated in the stakeholder consultation. It was obvious from the feedback that some additional education needs to be provided to registrants so that they can gain a better understanding of what self-regulation means and how their fees go to support regulatory processes that are mandated to the College and profession through self-regulation. I hope this issue of *Milestones* addresses some of the concerns raised. Financial Forecasting has been on Council's radar for the past four years and has been discussed in the open public forum at our Council meetings.

On behalf of Council, I would like to remind you that you are always welcome to attend our Council meetings and/or participate in the upcoming elections for Professional Members in certain districts this coming November 2016. More details from the Registrar will follow, closer to the election time. **CDHO**

Kindest regards,  
Jennifer Turner, RDH, BSc  
President



## REGISTRAR'S MESSAGE

Lisa Taylor RDH, BA, MEd, MCOd

Last year, the College began its journey with the articulation of our Strategic Ends and the creation of a strategic framework that became the pathway towards achieving

1. Safe, Quality Professional Practice
2. Access to Regulatory Process Effectiveness
3. Health System and Public Policy Influence.

Our strategic direction for 2015 included program evaluations, data collection, policy development, target setting and increased transparency. It included collaboration with government, government agencies and other regulators. It was also a year of outreach and consultation with stakeholders. 2015 has been a year marked by changes and growth for the College. We identified things we do well (and there are lots) and things we could improve on.

*“Without reflection, we go blindly on our way,  
creating more unintended consequences, and  
failing to achieve anything useful.”*

— Margaret J. Wheatley

The College regulates just over 13,500 dental hygienists which represent more than half of the dental hygienists in Canada. The College's primary duty is to the public of Ontario and as such, is responsible to see that dental hygienists meet entry-to-practice requirements and remain competent throughout their professional lives. The College must also have a fair and transparent mechanism to deal with complaints about dental hygienists who fall below the expectations of their clients. This College believes that the continuous assessment of these critical areas is necessary in fulfilling our responsibility as regulators. As such, the College participates in both internal and external audits.

For example, we run an internal random audit of our new registration files twice a year to verify that the files contain the required information, that data entry is complete and that



the timelines in processing were met. In addition, our registration policies and practices are assessed by the Office of the Fairness Commissioner and the resulting report is a public document.

*“The thing is, continuity of strategic direction and continuous improvement  
in how you do things are absolutely consistent with each other.  
In fact, they’re mutually reinforcing.”*


— Michael Porter

In 2015, the College initiated a legal audit of our Inquires, Complaints and Reports department to ensure that ICRC’s structure and ongoing operations were consistent with the obligations of the College under the statutes. As a result, improvements have been made to our processes resulting in a more efficient turnaround time for decisions and reasons. Reporting and monitoring, as part of our ongoing compliance and prevention program, have also been enhanced post audit.

College communications have also been assessed and I am pleased to report that communication with registrants is something that the College also does well. Registrants reported a high degree of satisfaction with publications such as *Milestones* and the E-Brief and are happy with the services provided by the College’s practice advisors.

The College also knows that a key to good communication is listening. In 2015, the College reached out to registrants and stakeholders to get feedback on a number of important issues. The proposed spousal exception regulation, Bylaw No. 5 and the proposed fee increase are examples of these initiatives.

The launch of a fully bilingual website with an emphasis on public information is right around the corner. The new website was designed to improve navigation and increase access to information. In addition, the public register now contains more information about registrants allowing for a more informed public.

Moving into 2016, our strategic direction will continue to ensure that dental hygiene services are delivered by professionals who are safe and competent. We are committed to finding ways to improve our regulatory effectiveness and transparency at all levels. Stakeholder engagement and public education about oral health remain a priority for this College. And, as always, this College looks forward to working with the Minister and his Ministry to improve health quality for Ontarians. 



# CDHO COUNCIL HIGHLIGHTS

Council voted to amend Bylaw 5 Article 16.2 as follows: **annual fees** for a general or specialty certificate will be \$400.00 and annual fees for an inactive certificate will be \$200.00. These changes will come into effect for the registration period starting January 1, 2017. Council based their decision on a Financial Forecasting Report obtained from the accounting firm Hilborn LLP. This is the **first fee increase** in the history of the College.

Council approved the **Registrar's monitoring report** on the Ends and the Financial Condition as evidence of compliance with the policies. Council also approved a number of policies related to governance processes and Council-Registrar delegation.

The **Quality Assurance Committee** reported that for the 2016 Assessment year, the QA stream selected were as follows: 86% chose Path 1 (learning portfolio and practice profile), 14% chose Path 2 (practice profile and NDHCB QA test) and only 1 person chose Path 3 (NDHCB QA test and onsite practice review).

The **Registration Committee** reported that in the time period December 4, 2015 to February 17, 2016, 76 new applicants were registered to practise, 346 registrants resigned and 45 registrants were revoked.



Left to right: Jennifer Turner (President), Irwin Fefergrad (Registrar, RCDSO) and Lisa Taylor (Registrar, CDHO)

March 4, 2016

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the December Council meeting, it has received 2 complaints and began 7 Registrar Report investigations. In total, the ICRC is currently investigating 13 matters including 5 formal complaints and 8 Registrar Report investigations.

The **Discipline Committee** reported that a Panel of the Committee found Ms. Laila Osobleh guilty of professional conduct.

**Mr. Irwin Fefergrad, Registrar for the Royal College of Dental Surgeons of Ontario**, gave a presentation to Council entitled “International Labour Mobility — Pitfalls for the Public”.

### 2016 Council Meeting Dates

Friday, **June 3, 2016** – 9:00 a.m. to 4:00 p.m.  
Friday, **September 30, 2016** – 9:00 a.m. to 4:00 p.m.  
Friday, **December 2, 2016** – 9:00 a.m. to 4:00 p.m.

Venue: **One King West**

<http://www.onekingwest.com>

## CDHO's New Executive Committee

The CDHO is pleased to announce its 2016 Executive Committee. Elections were held at the first meeting of Council, on January 22<sup>nd</sup>, with the following results.



Ms. Jennifer Turner  
Professional Member,  
President



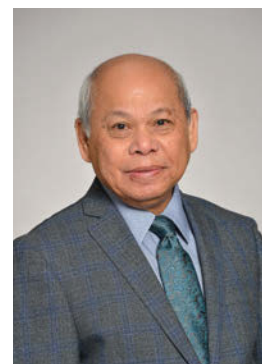
Ms. Cindy MacKinnon  
Professional Member,  
Vice-President



Ms. Beverly Woods  
Professional Member



Mr. Fernand Hamelin  
Public Member



Mr. Tote Quizan  
Public Member

The Executive Committee consists of five Council members elected by Council annually. All Council members are eligible for election to the Executive Committee. Three members are registrants of the College and two members are publicly appointed. **CDHO**

# New Members of Council

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**CDHO welcomes three public members of Council for 2016.**



**Fernand Hamelin** has held various roles with the City of Cornwall including Roads Supervisor, Superintendent and Manager. Mr. Hamelin's community involvement has included serving as a member, Vice-Chair and Chair of the Cornwall Hospital Board. He is a graduate of St. Lawrence College, Cornwall Campus.

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**Vinay Jain** is Director of Legal Services at Unison Health and Community Services. He is also a former Acting Executive Director at Dundurn Community Legal Services. Mr. Jain's community involvement includes serving as a member of the Income Security Advocacy Clinic. He is a member of the Law Society of Upper Canada and holds an Honours Bachelor of Science degree from the University of Western Ontario and a Bachelor of Laws degree from the University of Ottawa.

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**Saeed Walji** earned a Bachelor of Laws degree from Osgoode Hall Law School and was admitted to the Ontario Bar in 2009. Mr. Walji is currently employed as the Manager of Policy and Governance with the College of Early Educators where he assists on legislative and governance matters. Prior to this, Mr. Walji was employed as an Investigator with the College of Nurses of Ontario. He is a former board member at the Parkdale Community Information Centre, where he served as Vice-Chair and was a member of the policy and program evaluation committees. **CDHO**

## **Did you know?**

*Approximately 13,300 registrants prefer receiving Milestones by mail and approximately 2,300 prefer reading it online.*



# Peer Mentors Wanted for Quality Assurance Program

The College is looking for individuals who would be interested in being a mentor for remediation purposes in the Quality Assurance Program.

The purpose of mentoring within the Quality Assurance Program is to help a dental hygienist who through the Quality Assurance Program, has had deficiencies identified and now requires guidance and support to improve their competence in practice and help them apply the knowledge and principles learned during the dental hygienist's remediation.

To be a mentor for quality assurance remediation purposes, the dental hygienist must:

- be in good standing with the College.
- have five (5) years' clinical experience treating clients (and still be involved in clinical practice).
- be authorized for Self-Initiation for a minimum of two (2) years.
- not be a Quality Assurance Assessor and/or Member of CDHO Council.



The role and responsibility of the mentor will be to:

- identify through co-discovery the needs of the mentee.
- develop a plan with the mentee that will establish learning objectives, resources, communication strategies and evaluation of learning outcomes.
- facilitate learning opportunities and advise the mentee of appropriate resources.
- give insight, advice, encouragement and support as needed.
- assess the mentee's progress and submit written reports to the Quality Assurance Committee as required.

Any costs associated with mentoring another registrant for Quality Assurance Program requirements, are to be paid by the registrant directly to the provider.

If you are interested in being a Mentor in the Quality Assurance Program, please contact Robert Farinaccia, Manager of the Quality Assurance Program at 416 961-6234 ext. 237 toll-free 1 800 268-2346, or by e-mail at [rfarinaccia@cdho.org](mailto:rfarinaccia@cdho.org)

# Orofacial Myofunctional Therapy

## Within the Dental Hygiene Scope of Practice

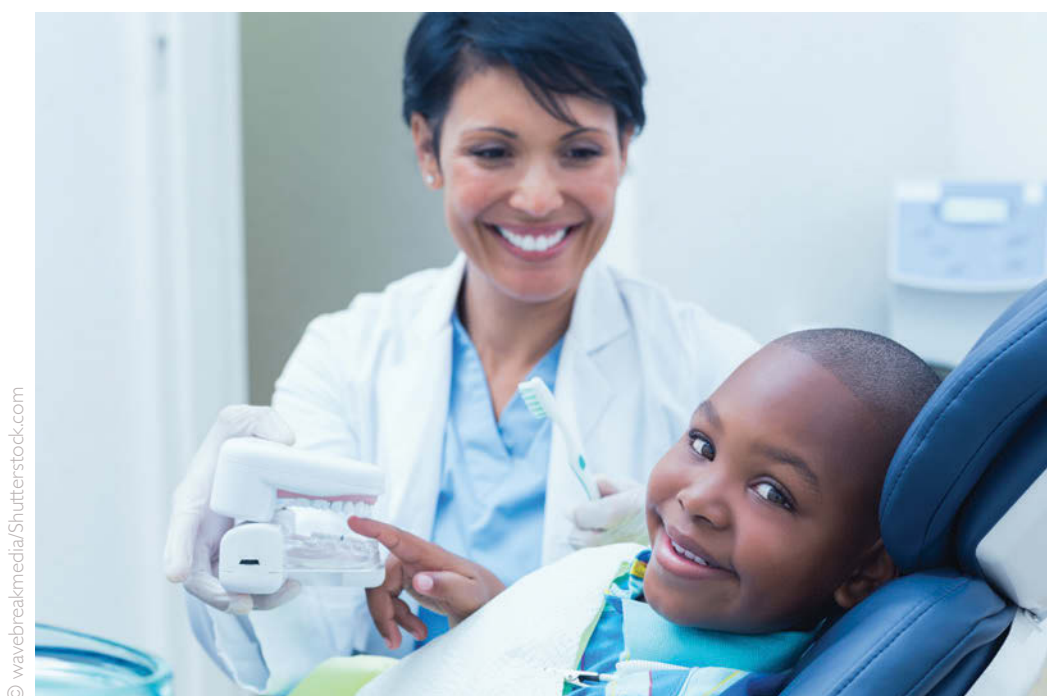
By Giulia Galloro, RDH

### ***What Is Orofacial Myology/Myofunctional Therapy (OMT)?***

Orofacial Myology, which is sometimes called Orofacial Myofunctional Therapy, is about recognizing and treating orofacial myofunctional disorders. According to the International Association of Orofacial Myology “Orofacial myofunctional disorders involve behaviours and patterns created by inappropriate muscle function and incorrect habits involving the tongue, lips, jaw and face. Of the many possible myofunctional variations, those involving the tongue and lips receive the most attention.”

Behaviours and patterns created from improper muscle use and function, posture at rest or habits involving the tongue, lips, face and jaw may result in orofacial myofunctional disorders. The disorders may result from one or a combination of: nail/cheek biting, pen/pencil chewing, thumb sucking, tongue thrusting, structural or physiological abnormalities (short lingual frenum) and restricted airways. These habits may have deleterious effects on a client’s muscles function resulting in mouth breathing, improper chewing or dysfunctional swallowing, among others.

The ultimate goal of therapy is to correct or eliminate dysfunctional habits by attaining a proper lip seal resulting in an improvement in the position and tone of the tongue and oropharynx; and a normalization of the freeway space. Improper lip seal or abnormal freeway spaces are known to contribute to orthodontic relapse, malocclusion, and psychological, cosmetic, or structural issues. Ideally, these corrections or eliminations will result in the promotion of proper swallowing, chewing and nasal breathing. Treatment typically consists of muscle exercises designed to re-educate or re-pattern the muscles in the orofacial complex. It often includes behaviour modification techniques to promote positive growth and/or training to teach clients how to properly position their tongue at rest allowing them to chew and swallow correctly.



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## Orofacial Myology/Myofunctional Therapy (OMT) Working Group

As a result of the rising interest from Ontario dental hygienists in Orofacial Myofunctional Therapy (OMT), a working group was formed by the College to consider the question of scope of practice.

The working group consisted of dental hygienists in and out of province, dental hygiene educators, an association representative, an OMT educator, and the College of Audiologists and Speech-Language Pathologists of Ontario.

### Scope of Practice

The scope of practice model is set out in the *Regulated Health Professions Act, 1991 (RHPA)*. The *Dental Hygiene Act, 1991 (DHA)* defines the scope of practice of dental hygiene as:

*“...the assessment of teeth and adjacent tissues and treatment by preventative and therapeutic means and the provision of restorative and orthodontic procedures and services.”<sup>1</sup>*

The College of Nurses of Ontario describe this model saying that “each regulated health profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. The scope of practice statement is not protected in the sense that it does not prevent others from performing the same activities. Rather, it acknowledges the overlapping scope of practice of the health professions.”<sup>2</sup>

The members of the Working Group held a fulsome discussion as to whether or not OMT is encompassed within the dental hygienists’ scope of practice as defined in the *Dental Hygiene Act, 1991 (DHA)*. The group looked at conditions, procedures and/or treatment modalities and compared them to the DHA scope statement and assessed whether additional training would be required. They also took into consideration whether or not treatments involve controlled acts. The results are shown below:

Condition Being Treated	Within Scope?	Additional Training Required?	Controlled Act?
Behaviour modification	Yes	Yes	No
Promote lip seal	Yes	Yes	No
Promote palatal tongue rest position	Yes	Yes	No
Promote posterior tooth together swallow	Yes	Yes	No
Facilitate nasal breathing	Yes	Yes	No
Correct dysfunctional habit patterns	Yes	Yes	No
Tight lingual frenum attachments	No	Not applicable	Not considered
Speech problems	No	Not applicable	Not considered
Snoring	No	Not applicable	Not considered
Sleep Apnea	No	Not applicable	Not considered
TMD	No	Not applicable	Not considered

...continued on next page

<sup>1</sup> *Dental Hygiene Act, 1991*

<sup>2</sup> *Legislation and Regulation, RHPA: Scope of Practice, Controlled Acts Model*. College of Nurses of Ontario. 2014.



Without exception, members of the group, including the College of Audiologists and Speech Language Pathology of Ontario (CASLPO) representative, unanimously agreed that OMT is within the scope of practice of Ontario dental hygienists. The Committee noted that this therapy also falls under the scope of speech language pathology and that it may be in scope for other professions in Ontario. With due consideration, in December 2015, Council recognized OMT to be within a dental hygienist's scope of practice.

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*With due consideration, in December 2015, Council recognized OMT to be within a dental hygienist's scope of practice.*

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The CASLPO representative felt that with proper training, the risk of harm to the public is very minimal, particularly when appropriate referrals are made for conditions not in scope. The group was in agreement on this approach. Dental hygienists should be conscious when selecting education that they are aware of conditions that are within their scope of practice and remain within these limits.

When considering training, the dental hygienists should do their research and choose appropriate courses that fulfill the standards of practice guidelines.

### **How Can the Dental Hygienist Prepare? (training)**

OMT is currently not included in the dental hygiene curriculum, however, appropriate education/training and the ability to demonstrate competency are necessary prior to incorporating the therapy into a dental hygiene practice. The CDHO does not regulate or approve courses, therefore, it is the registrant's responsibility to ensure they possess the knowledge and competency needed to provide this service while ensuring they are practising within the guidelines of his/her scope of practice. Considering all aspects of the dental hygiene process of care (ADPIE), the dental hygienist would need to decide if there is enough evidence to support the rationale for OMT and whether or not it may complement a client's dental hygiene care plan. The dental hygienist may want to consider that the public may be affected by affordability of treatment, recognition of the service by insurance companies and/or lack of public education and knowledge about the therapy.

Practitioners would also need to be conscious of crossing over into another profession's scope and make referrals to an appropriate health professional when indicated and necessary. OMT presents a good opportunity for inter-professional collaboration with speech/language pathologist, or other health-related professional for whom the therapy is also considered in their scope of practice.


### **Scope and Training Across Jurisdictions**

Alberta, BC, Saskatchewan and Nova Scotia permit dental hygienists to practise OMT as part of their dental hygiene practice. This represents approximately 8,256 of the dental hygienists in Canada. No additional risk has been associated with this practice.

Of the four Canadian regulatory bodies permitting dental hygienists to practise this therapy, it is interesting to note that only the College of Registered Dental Hygienists of Alberta (CRDHA) requires credentialing from a specific organization.

The remaining regulatory bodies, British Columbia, Saskatchewan and Nova Scotia do not name any specific organization and place the onus on their registrants to obtain appropriate education and to have the ability to demonstrate competency prior to providing this therapy to clients.

### **References**

- Orofacial Myofunctional Disorders*. Iaom.com. 2015.
- Moeller, J., *Orofacial Myofunctional Therapy – The Critical Missing Element to Complete Patient Care*. Dentaltown, 2010.
- Myofunctional Therapy in Dental Hygiene Practice, In Touch. College of Dental Hygienists of Alberta. 2012. 

# Looking for Educators Interested in Providing Remediation Courses

The College is looking for educators interested in providing courses for remediation/refresher purposes. The objective of a remedial/refresher course is to correct or improve deficient skills in a specific subject area to help practising dental hygienists to meet the College's standards of practice.

The College refers individual dental hygienists in need of additional education to facilitators, institutions, or agencies who offer remedial, and/or refresher courses. To facilitate the referrals, the College keeps a list of approved courses and may refer registrants to those facilitators/institutions/agencies when a need for remedial learning by a practising dental hygienist is identified.

It must therefore be demonstrated that the course includes verifiable knowledge and/or clinical skills learning outcomes equivalent to the relevant CDHO standards of practice.

To be eligible for inclusion on the referral list, course designers must submit a course outline that meets the approval criteria. In accordance with the **Policy on the Approval of Remedial/Refresher Courses**, course approvals are valid for one year unless significant changes are made to the course outline or there is a change in the course facilitator. In such case, a new submission for approval will be necessary.

In addition to complete refresher courses for re-entry into practice, the most common areas of specific remedial studies are:

- Dental Hygiene Process of Care
- Record Keeping
- Infection Control
- Radiography
- Evidenced-Based Practice
- Instrumentation and Clinical Skills
- Instrument Sharpening

Please note that CDHO approval is only required for remedial/refresher courses that are prescribed by the Registration, Inquiries, Complaints and Reports, and Quality Assurance Committees. If you provide courses that are not designed for this purpose, CDHO approval is not required and will not be considered.

While an application for course approval will be considered at any time, program referrals for Quality Assurance remediation typically begin in June/July.

If you are interested in submitting a course for remediation/refresher purposes, please contact Cathy Goldberg for the course submission policy, application, and checklist.

For more information, please contact:  
Cathy Goldberg, Manager of Programs and Exams  
at 416 961-6234 ext. 238  
toll-free: 1 800 268-2346  
or by e-mail: [cgoldberg@cdho.org](mailto:cgoldberg@cdho.org)

# FOOLPROOF INSTRUCTIONS ON HOW TO AVOID A COMPLAINT

By Cathy Goldberg, RDH, BEd

## Step # 1

There is no foolproof way to avoid a complaint.

## Step # 2

Be prepared because anyone can make a complaint about you at any time.

### *Think about that for a minute ...*

- Are you ready — if it happens?
- Is there really nothing you can do to avoid a complaint?

The College provides a fair and transparent complaints process for clients who feel they may not have received the care they had the right to expect.

The Inquiries, Complaints and Reports Committee (ICRC) deals with complaints submitted to the College. Typically, the process starts with a call to the College enquiring about a perceived mistreatment by a dental hygienist. The initial advice given usually involves encouraging the client to contact their dental hygienist directly to try to resolve the issue. If the situation cannot be resolved or the client does not want to contact the dental hygienist, then the client is asked to submit a formal complaint.

The complaint must be submitted in writing or recorded on tape, film, disk or another medium. Once a complaint is received the investigation will begin. In most cases, a copy of the complaint will be forwarded to the dental hygienist who will have 30 days to respond. This response will be sent to the person making the complaint. Sometimes the dental hygienist's response provides enough satisfaction and the complaint is resolved at this stage. However, the ICRC may choose to continue its investigation if it feels that it is in the public interest to do so. If the complaint is not resolved with the dental hygienist's response, then the ICRC will continue with its investigation.

The ICRC reviews everything gathered during the investigation. After this review, the ICRC may do one or more of the following:

- Require the registrant to appear before a panel of the ICRC to be cautioned
- Refer specified allegations to the Discipline Committee
- Refer the registrant to another Panel of the ICRC for incapacity proceedings
- Require the registrant to complete a specified continuing education or remediation program
- Take action it considers appropriate that is not inconsistent with the *RHPA*, the Code or bylaws.

In 2015, the CDHO received a variety of complaints concerning registrants. Here are some examples.

### *Inappropriate Billing*

There have been instances where members of the public have called the College because they were concerned about their bill for their dental hygiene treatment.

### *In hindsight, what could have been done differently? Here is some advice.*

It would be wise to prepare your clients in advance of what the cost would be for their care. Depending on the setting in which you deliver dental hygiene treatment, the fees and method of payment will vary. If you are the owner of the dental hygiene clinic, this discussion should occur at the time the appointment is set. It is important to be transparent. Let your clients know that fees are dependent on several factors, including time and travel if the treatment is to occur in their residence. If you practise in a dental office, the dentist traditionally sets the fees and your clients should be directed to address the fee structure with the dentist or office manager. Additionally, it is in your best interest in the event that your billing is questioned, to document in minutes the amount of time you spent providing services such as scaling and polishing.

All registrants should be aware that being self-regulated means that **they**, not their employers, are responsible for the care that they render. They are also responsible to ensure that their



treatment records accurately reflect their treatment, the time involved and recommendations made. A regulated health care professional should always put the interest of their clients before their own personal needs or those of their employer. Keeping these issues in mind, dental hygienists are advised to document clearly and to sign or initial at the end of each chart entry. Mistakes happen, and sometimes misrepresentations occur. Errors can be corrected. However, any deliberate falsification of records may be considered professional misconduct and subject to disciplinary action.

### **Communication Misunderstandings**

The College has received complaints where people felt that they were spoken to in an unprofessional manner described as disrespectful, rude and/or unsympathetic. People have also complained that the conversation initiated by the dental hygienist was inappropriate. Complaints have surfaced where clients felt their treatment was delivered in a rushed manner where the dental hygienist was not focused on providing the treatment.

***In hindsight, what could have been done differently?  
Here is some advice.***

Communication is a skill that goes a long way to establishing a positive relationship with your clients. It does not really matter that it was not your intention to be disrespectful, rude or unsympathetic or that it was not your intention that you provided care in an unfocused, rushed way. What needs to be addressed is your client's perception of your time together. Complaints can be triggered when a concern is handled ineffectively. Use every opportunity as a learning experience to communicate effectively. Make your clients feel that your time together is of utmost importance to you.

### **Informed Consent**

There have also been calls from the public where they felt that they did not give consent for the service they received and then were additionally shocked to see a fee for it.

***In hindsight, what could have been done differently?  
Here is some advice.***

Obtaining proper consent is a process of sharing information while addressing questions and concerns. Inform before you perform. The client's informed consent for treatment must be obtained and documented. Consent to treatment is informed if, before giving it, the person received the necessary information about the nature of the treatment, the expected benefit of the treatment, the material side effects of the treatment, alternative course of action and the likely consequences of not having the treatment. A dental hygienist should never confuse a signed consent form with obtaining informed consent. A written consent form is simply a piece of paper unless it is read, understood and its implication appreciated.

### **In closing:**

#### **Step # 1**

There is no foolproof way to avoid a complaint.

#### **Step # 2**

Be prepared because anyone can make a complaint about you at any time.

Treat your clients in the same manner that you wish to be treated. Make sure your clients are billed accurately. Focus on how your communication skills are being interpreted. Obtain proper informed consent. Always make sure that your recordkeeping is transparent, accurate and complete. **CDHO**

## **RDH Expertise for RDHs**

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

**416 961-6234 or 1 800 268-2346**

**Cathy Goldberg, RDH**  
ext. 238 ■ [cgoldberg@cdho.org](mailto:cgoldberg@cdho.org)

# FEE INCREASE ANNOUNCED FOR 2017

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On March 4, 2016 Council voted to amend Bylaw 5 Article 16.2 as follows: annual fees for a general or specialty certificate will be \$400.00 and annual fees for an inactive certificate will be \$200.00. These changes will come into effect for the registration period starting January 1, 2017.

Council struggled with the timing of this increase after hearing from a number of registrants who felt that fees should have been increased earlier and at a more gradual rate. It was obvious that Council did not do a good job over the past six years in letting registrants know that we were subsidising fees with money we had kept in reserve. This reserve money was left over from the money that was placed in investment funds 20 years ago that grew in times of higher interest rates. This money was set aside in reserve in 1994 in anticipation that the College might have to use it to fight the “order” issue.

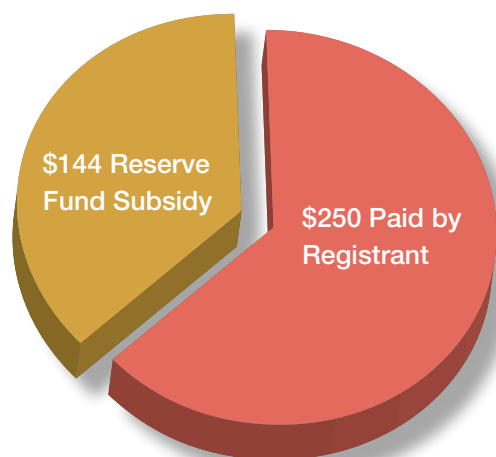
From 1994 until today, four relevant things happened.

1. Reserve fund monies invested wisely in times of higher interest rates were growing nicely and the College had not had to use them for a fight over the order. Because of this, the College in 2000 decreased registrant fees from \$300 (general) to \$250; from \$350 (specialty) to \$250; and from \$200 (inactive) to \$50.
2. When legislation changed in 2007 allowing the College to authorize its registrants to self-initiate, the rationale for keeping this reserve fund was no longer relevant.
3. In 2009, Council was advised that registrant fees did not generate enough income to cover the costs of running the College and Council decided to use the reserve fund to subsidize 2010 registrant fees. Registrant fees remained stable for the next six years and reserve funds were used to offset the cost of running the College. This was not communicated well to the registrants.
4. The money in the reserve fund was getting close to depletion in 2015 and the College obtained expert advice by way of a Financial Forecasting Report. The report projected costs over the next ten years and considered the (anticipated) slow growth in registration numbers. The report indicated that 2017 was the time to do a correction of the fees to match the actual cost per registrant.

While the need to increase fees did not come as a surprise to Council, it has come as a surprise to most registrants. In hindsight, it would have been a good idea to have shown the true cost of registration and included the fee rebate from the reserve fund on the renewal invoice. At least registrants could have seen the increasing costs of running the College and recognized that their fees were being subsidized each year from the reserve fund. Not having this information has left some believing that College monies have been mismanaged. This is simply not the case. The College finances are healthy and the funds we hold in reserves are aligned with the guidelines of the Canada Revenue Agency. The reserve fund we used to offset a fee increase has been reduced as planned over the last six years. **CDHO**

# Breakdown of Fees

**We wanted to show how the \$394 is being spent.**



The College has been drawing down on a reserve fund and as of 2017, this fund will have run its course. As you can see from the diagram to the left, our per-registrant total spend is \$394 in 2016. The reserve funds subsidize the overall cost by \$144 per registrant (37%).

**13,328 registrants – \$394.00 budget total per registrant**

- 250.00 renewal fee 2016
- 144.00 difference – amount subsidized by reserve fund (37%)

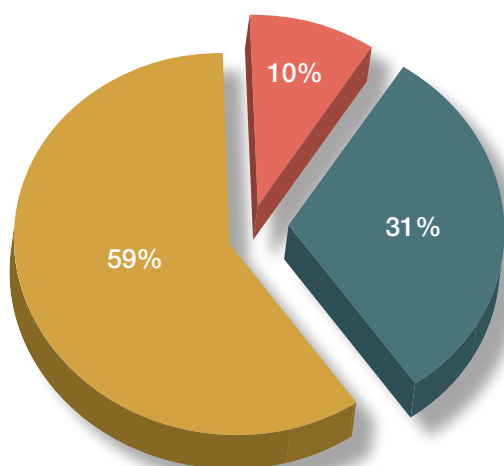
## Where Do Fees Go?

In 2017, with inflation being taken into account, we have carefully determined that fees will need to increase to \$400.

Operational	Amount spent per registrant	Budget %
Operations (Business Costs)	26.04	<b>59%</b>
Human Resources	163.94	
Rent	19.20	
Information Technology	24.82	
<b>\$234.00</b>		

Governance Council	Amount spent per registrant	Budget %
Consulting	6.60	<b>10%</b>
Training	4.50	
Honorariums and Expenses	27.00	
<b>\$38.10</b>		

Programs	Amount spent per registrant	Budget %
Exams	1.10	<b>31%</b>
ICRC & Discipline	21.95	
Public Education	37.52	
Quality Assurance	11.64	
Registration including Jurisprudence	18.68	
Registrant Resources (Milestones)	3.60	
Other Projects	5.25	
CDHO Knowledge Network	4.69	
Translation	1.50	
Fran Richardson Award	0.37	
Contingency Fund	7.50	
Survivors Fund	1.20	
Commission on Dental Accreditation (CDAC)	6.90	
<b>\$121.90</b>		



- Operational
- Programs
- Governance Council

*...continued on next page*



# Regulatory College Fee Comparison

When comparing Ontario's oral health colleges, College of Nurses of Ontario and the Provincial Dental Hygienist Regulatory Colleges, we prove to be both fiscally and operationally viable.

## Comparison of National Dental Hygiene Colleges

Regulatory Body	Province	Fee in 2014*	Members	Staff
College of Registered Dental Hygienists of Alberta	AB	\$695.00	2800	5
College of Dental Hygienists of British Columbia	BC	\$475.00	3500	12
College of Dental Hygienists of Manitoba	MB	\$420.00	775	5
New Brunswick College of Dental Hygienists	NB	\$495.00	425	1.5
College of Dental Hygienists of Nova Scotia	NS	\$635.00	700	2
College of Dental Hygienists of Ontario	ON	\$250.00	13150	19
Ordre des hygiénistes dentaires du Québec	QC	\$360.00	5600	17
Saskatchewan Dental Hygienists' Association	SK	\$375.00	575	2
Registrar, Newfoundland and Labrador Council of Health Professionals	NFDL	\$350.00	196	includes multiple health disciplines

## Comparison of Ontario Oral Health Professionals

Regulatory Body	Fees in 2016	Members (2014)*	Staff	Operating Budget (2014)*	Ratio of Staff to Members
College of Dental Hygienists of Ontario	\$250.00	13,426	19	\$4,510,025.00	1:706
College of Dental Technologists of Ontario	\$1,495.00	563	6	\$835,782.00	1:94
College of Denturists of Ontario	\$2,147.00	624	6	\$1,004,335.00	1:104
Royal College of Dental Surgeons of Ontario	\$2,160.00	9,369	87	\$21,486,074.00	1:108

## Comparison of Dental Hygienists to Nurses

Regulatory Body	Fees in 2016	Members (2014)*	Staff	Operating Budget (2014)*	Ratio of Staff to Members
College of Dental Hygienists of Ontario	\$250.00	13,426	19	\$4,510,025.00	1:706
College of Nurses of Ontario	\$175.00	148,678	198	\$32,306,516.00	1:751

Membership and operating budgets and fees are based off the individual colleges' annual reports and website information.

\*Reported in most current annual report.

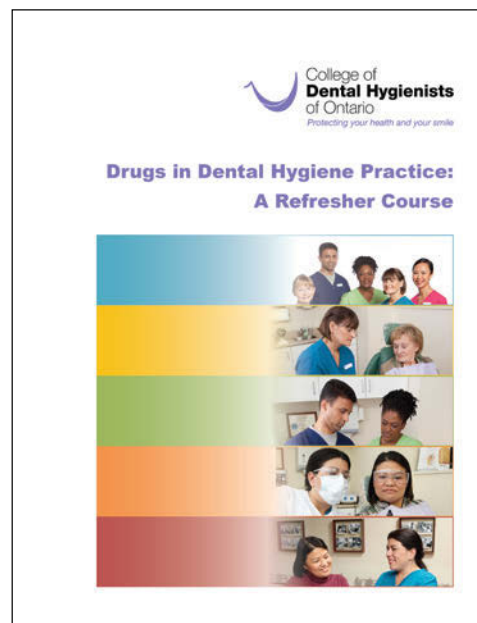
## Plan for the Future!

- A change in legislation is coming
- Prescribing rights
- Prepare for the qualifying exam

## Drugs in Dental Hygiene Practice: A Refresher Course

- Self-Study
- Online
- Free to registrants
- Use towards QA requirements
- Self-build study guide

Learn more by visiting [www.cdho.org](http://www.cdho.org)



## The CDHO Knowledge Network

Find the clinical information you need at: [www.cdho.org](http://www.cdho.org)

### View our Fact Sheets!



- Angular Cheilitis • Asthma • Bed Bugs • Bell's Palsy
- Celiac Disease • Chicken Pox • Chlamydia
- Conjunctivitis • Crohn's Disease • Dental Abscess
- Diabetes Mellitus • Epilepsy • Fifth Disease
- Gonorrhea • Head Lice • Hepatitis A • Hepatitis B
- Hepatitis C • Herpes Simplex • Human Papillomavirus
- Hypertension • Impetigo • Influenza • Lupus
- Lyme Disease • Measles • Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)
- Multiple Sclerosis • Mumps • Oral Cancer
- Oral Candidiasis • Oral Piercing • Osteoarthritis
- Osteoporosis • Parkinson's Disease • Pregnancy
- Rheumatoid Arthritis • Rubella (German Measles)
- Scabies • Shingles (Herpes Zoster) • Sjögren's Syndrome
- Strep Throat (Group A Strep) • Syphilis
- Tuberculosis (TB) • Ulcerative Colitis • Xerostomia

# SEVEN-STEP “LOOK AND FEEL” ORAL CANCER SCREENING

▶▶▶ complete while facing a mirror and adequate lighting ◀◀◀

## STEP 1: TONGUE



- Stick out your tongue and hold the end of it with a cloth to give you some grip.
- Move your tongue to the right and then the left and look for any red and white patches.
- Do the same for the top and bottom of the tongue.
- Use your index finger to feel for any unusual lumps on the sides, top and bottom of tongue.

## STEP 2: LIP & CHEEK



- Look around the edge of your lips for any lesions or sores.
- Using your thumb and index finger of both hands, pull back the upper lip and look for red or white lesions/sores.
- Using these same fingers, feel for any lumps or bumps.
- Do the same with your bottom lip.
- Next, use your thumb and index finger to pull back the right side of your cheek looking for any red or white patches.
- Using these same fingers, rub your cheek between them to feel for any lumps or bumps.
- Repeat on the left side.

## STEP 3: FLOOR OF MOUTH



- Raise your tongue to the roof of your mouth and look under it where your tongue rests on the bottom of your mouth for any white and red patches.
- Using one finger inside the floor of the mouth and another on the opposing surface from the outside (under your chin), feel for any lumps/bumps between your fingers.



## STEP 4: ROOF OF MOUTH



- Look at the roof of your mouth for any unusual sores or red and white patches.
- Rub the roof of your mouth and feel for new or unusual swelling.



## STEP 5: HEAD & NECK



- Using all four fingers to rub in a circular motion, feel your neck for unusual lumps/bumps or tender areas.
- Repeat this on the back of your neck along your hairline and behind, under and in front of your ears.



## STEP 6: SAY AHHH



- Press down on your tongue with a tongue depressor or teaspoon; say ahhh and look at the back of your throat looking for red/white patches or unusual bumps.

## STEP 7: TELL SOMEONE

- Call your oral health professional and have any unusual findings checked. Early detection is key!



College of **Dental Hygienists** of Ontario  
L'Ordre des **hygiénistes dentaires** de l'Ontario  
*Protecting your health and your smile / Nous protégeons votre santé et votre sourire*



## PUTTING PUBLIC INTEREST FIRST

*The College of Dental Hygienists of Ontario regulates the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.*

English

*La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.*

Français

COMING SOON

This is a volunteer position, however, the College will provide you with free training and time spent in training and in mentoring may be used to meet your quality assurance requirements. You would be responsible for any costs incurred to attend the training workshop. Interested dental hygienists must be willing to complete approximately 25 hours of learning through a combination of on-line modules, self-reflective assignments and a full-day workshop.

Interested dental hygienists must meet the following requirements:

1. Be registered and in good standing with the CDHO.
2. Have practised clinical dental hygiene for at least five (5) years.
3. Have practised while authorized to self-initiate in Ontario for a minimum of two (2) years.
4. Have completed the CDHO mentorship course and workshop.
5. Be willing and able to participate in a mentoring relationship as a volunteer.
6. Have a positive attitude for the profession and its standards.
7. Be willing to have your name and contact email on the CDHO website under Find a CDHO Peer Mentor.

If you are interested in being part of this exciting opportunity, please e-mail [cgoldberg@cdho.org](mailto:cgoldberg@cdho.org) with an expression of interest and a brief note explaining how you meet the criteria.

# First Defence in Oral Health: Oral Cancer

Lisa Taylor, RDH, BA, MEd

This article is reprinted from the March 2012 issue of *Milestones*.

According to Health Canada, oral cancer is the 13<sup>th</sup> most common cancer of the 23 reported cancers. And according to the National Cancer Institute (NCI), head and neck cancers account for approximately 3 to 5 percent of all cancers in the United States. The five-year survival rate for oral cancer is 63 percent compared to the survival rates of cervical cancer (75 percent), melanoma cancers (89 percent), and prostate cancer (95 percent).

Dental hygienists know the most common site for oral cancer in North America is the tongue and that squamous cell carcinoma, which occurs in the lining of the oral cavity, is the most common cancer of the oral cavity. However, there are other types of cancers found in the oral cavity that dental hygienists must be alert for when doing an oral cancer screening. These include cancers of the salivary glands such as mucoepidermoid carcinoma and adenoid cystic carcinoma, sarcomas (tumours arising from bone, cartilage, fat, fibrous tissue or muscle), and melanomas.

Although well publicized, tobacco and alcohol use remain the major risk factors for most cancers of the head and neck, including the oral cavity. Use of tobacco (cigarette smoking and use of smokeless tobacco) and alcohol in combination significantly increases this risk.

Immigrants from Southeast Asia who habitually chew paan (betel quid) have shown a higher incidence of oral cancer. Also, consumption of mate, a tea-like beverage habitually consumed by South Americans, has been associated with an increased risk of cancers of the mouth, throat, esophagus, thyroid, and larynx.

Recently in Canada the number of cases of head and neck cancers in young, otherwise healthy people has been reported on the rise. These are young, non-smokers and non-drinkers that develop cancers of the tonsil and base of the tongue. This growing phenomena is being attributed to the presence of human papillomavirus (HPV) in the mouth. Research indicates that the strains HPV-16 and HPV-18 are strongly linked with oral cancer.

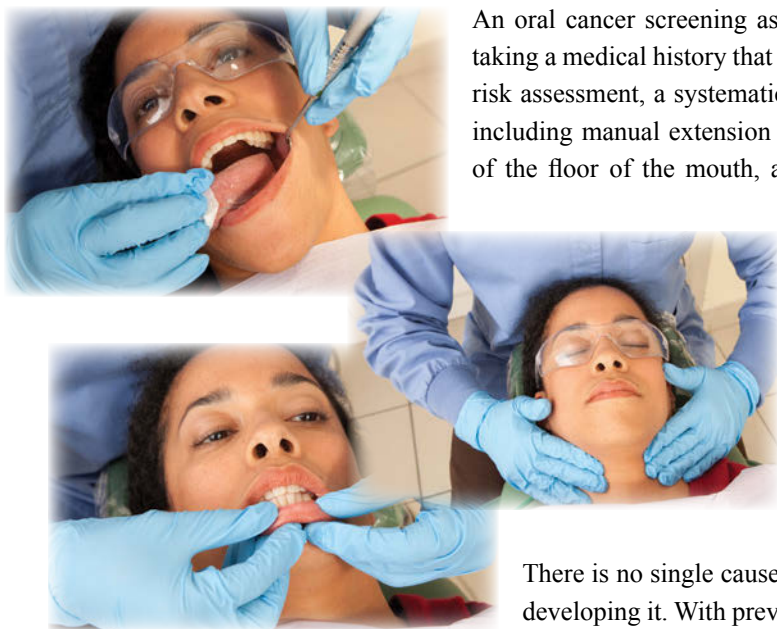
## Risk factors for oral cancer by location

Oral cavity	Sun exposure (lip); possibly human papillomavirus (HPV) infection.
Salivary glands	Radiation to the head and neck. This exposure can come from diagnostic X-rays or from radiation therapy for cancerous or noncancerous conditions.
Paranasal sinuses and nasal cavity	Certain industrial exposures, such as wood or nickel dust inhalation. Tobacco and alcohol use may play less of a role in this type of cancer.
Nasopharynx	Asian, particularly Chinese, ancestry, Epstein-Barr infection, occupational exposure to wood dust, and consumption of certain preservatives or salted foods.
Oropharynx	Poor oral hygiene. HPV infection and the use of mouthwash that has a high alcohol content are possible, but not proven, risk factors.
Hypopharynx	Plummer-Vinson (Paterson-Kelly) syndrome, a rare disorder that results from iron and other nutritional deficiencies. This syndrome is characterized by severe anemia and leads to difficulty swallowing due to webs of tissue that grow across the upper part of the esophagus.
Larynx	Exposure to airborne particles of asbestos, especially in the workplace.

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## Your role

As the oral care professional clients usually see first, dental hygienists are educated to know the early signs and symptoms of oral cancer. Essentially, dental hygienists are a first defence in the detection and recognition of changes in the oral environment. As such, dental hygienists need to remain current in the knowledge base necessary to recognize early pathology, and be competent in the proper screening procedures to identify the signs and symptoms of oral cancer.



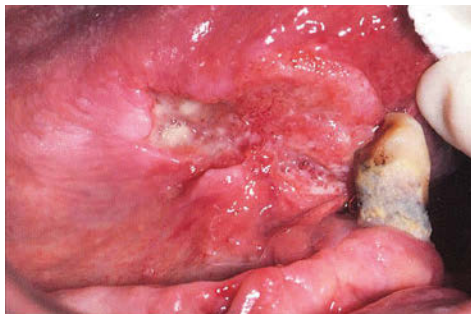
An oral cancer screening as part of a routine dental hygiene appointment includes, taking a medical history that inquires about previous malignancies, involves a lifestyle risk assessment, a systematic visual examination of all the soft tissues of the mouth, including manual extension of the tongue to examine its base, a bimanual palpation of the floor of the mouth, a digital examination of the borders of the tongue, and the lymph nodes surrounding the oral cavity and in the neck. Screening aids, including lights, dyes, and other techniques can be used as an adjunct to a visual and tactile investigation. Persistent abnormalities need to be identified and sent for referral and biopsy. Any sore, discoloration, induration, prominent tissue, irritation, hoarseness, which does not resolve within a two-week period should be considered suspect and worthy of further examination or referral.

There is no single cause of cancer but some factors appear to increase the risk of developing it. With prevention being key, dental hygienists play an important role in identifying lifestyle choices that increase the risk of developing cancer. One of the most obvious examples is tobacco use. Dental hygienists play a key role in educating clients about the damage tobacco use does to the oral cavity and body. Additionally, dental hygienists can offer tobacco cessation programs and recommend products that may help their clients break the habit.

For clients already diagnosed and being treated for oral cancer, once again dental hygienists play a key role in educating them about the oral risks associated with their condition. You can recommend dental hygiene interventions, self-care regimes and products that help your clients cope with the side effects of cancer treatments and decrease their susceptibility to opportunistic oral diseases.

Location	Manifestation
Oral cavity	A white or red patch on the gums, tongue, or lining of the mouth; a swelling of the jaw that causes dentures to fit poorly or become uncomfortable; or unusual bleeding or pain in the mouth.
Nasal cavity and sinuses	Sinuses that are blocked and do not clear; chronic sinus infections that do not respond to treatment with antibiotics; nosebleeds, frequent headaches, swelling or other trouble with the eyes, pain in the upper teeth, or problems with dentures.
Salivary glands	Swelling under the chin or around the jawbone; numbness or paralysis of the muscles in the face; or pain that does not go away in the face, chin, or neck.
Oropharynx and hypopharynx	Ear pain.
Nasopharynx	Trouble breathing or speaking, frequent headaches, pain or ringing in the ears, or trouble hearing.
Larynx	Pain when swallowing or ear pain.
Metastatic squamous neck cancer	Pain in the neck or throat that does not go away.





**Photos from left to right:**

This HIV-positive patient presented with a gingival squamous cell carcinomatous lesion. Being that HIV reduces immunologic activity, the intraoral environment is a prime target for chronic secondary infections and inflammatory processes, and therefore, because these may be precursors to cancer, squamous carcinomatous lesions.<sup>1</sup>

Indurated enlargement of the ventral tongue with an associated ulcer: Diagnosis: squamous cell carcinoma.<sup>2</sup>

Asymptomatic, pebbly erythematous areas – Early squamous cell carcinoma of lateral tongue.<sup>3</sup>

In treating clients who are undergoing radiation or chemotherapy, dental hygienists should be alert to and discuss as appropriate, the timing of dental hygiene interventions, and the oral implications of radiation and chemotherapy treatments. Postponing invasive dental hygiene procedures and radiographs until discussed with the client's oncologist is advised. Depending on the urgency of the dental hygiene intervention planned, prophylactic antibiotics may be required and prescribed by the physician.

Besides scheduling routine visits to see you for regular oral cancer screening, it is important that your clients be empowered to take responsibility to self-check and be aware of changes in their mouths. When these changes occur, they need to be brought to the attention of a qualified dental or medical professional for examination. Dental hygienists can teach clients to self-examine for a lump or sore that does not heal, a sore throat that does not go away, difficulty swallowing, and a change or hoarseness in the voice that lasts over two weeks.

In sum, dental hygienists play a vital role in the early detection of oral cancers. By keeping your knowledge base current, making oral cancer screening a routine practice, and educating clients to look for and report changes in the oral environment, you are a first defense in the detection and early treatment of oral cancers.

<sup>1</sup> Content Provider(s): CDC/Sol Silverman, Jr., D.D.S., University of California, San Francisco  
Picture & text from CDC/PHIL  
<http://hardinmd.lib.uiowa.edu/cdc/6057.html>

<sup>2</sup> Picture & text from Michael Finkelstein and Gilbert Lilly, University of Iowa College of Dentistry and Hardin MD, University of Iowa.  
<http://hardinmd.lib.uiowa.edu/ui/dent/mouthcancer5.html>

<sup>3</sup> Picture & text from Michael Finkelstein and Gilbert Lilly, University of Iowa College of Dentistry.  
<http://hardinmd.lib.uiowa.edu/ui/dent/mouthcancer1.html>

## **To learn more about oral cancer, look for the following advisories/factsheets on the CDHO website:**

**Advisory and Factsheet on Oral Cancer**

**Advisory on Chemotherapy**

**Advisory on Radiation Therapy**

**Canadian Cancer Society:** <http://www.cancer.ca/en/cancer-information/cancer-type/oral/oral-cancer/?region=on>

**Health Canada:** <http://www.hc-sc.gc.ca/hl-vs/oral-bucco/disease-maladie/cancer-eng.php>

**Oral Cancer Pictures:** [http://oralcancerfoundation.org/dental/slide\\_show.htm](http://oralcancerfoundation.org/dental/slide_show.htm)

**Oral Cancer Foundation:** <http://oralcancerfoundation.org/>

**Oral Cancer Screening Video:** <http://www.dentalce.umn.edu/OralCancerVideo/home.html>

**Ontario Dental Hygienists Association:**

<http://www.odha.on.ca/PDFs/Meyer-PracticeGuidelinesforTobaccoCessation-LectureHandout.pdf> **CDHO**



# Quality Assurance Matters

By Robert Farinaccia, RDH, BSc

## What Is Required of You on the SMILE Portal?

Since taking over as Manager of the Quality Assurance Program in December of 2015, I have received many enquiries from dental hygienists asking about what their requirements are each year in relation to the SMILE Portal. I thought I would divide this article into three sections: Requirements for every registrant annually, **Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit**, and **Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit**.

## Requirements for Every Registrant Annually

### Step 1: Verify Employment Status and Practice Address(es)

Each year every dental hygienist is required to verify their employment status and practice address(es) in the SMILE Portal. The information that automatically appears in the SMILE Portal is what the College currently has on file as your contact information, including both your home and any practice addresses. It is critical that the address(es) and contact information you have provided to the College is accurate. If this information is not correct, it will put you at risk of submitting false information on your Quality Assurance records. If required, correct this information on the College's Self-Service Portal and that change will automatically be reflected in your SMILE Portal. According to Bylaw No. 5 (14.3), you are required to notify the CDHO of changes in personal data (e.g. name, address, etc.) within fourteen days of the change. Please do not move forward and enter your information into the SMILE Portal if this information is not accurate as you may not be given the correct tools to proceed. Once you've verified that this step is accurate and you've answered the required questions, you must select the **I'm All Done** option on the bottom of the page.



Selecting this button will not only complete your Step 1 but will also allow you to proceed to Step 2, the mandatory Self-Assessment.



1. Verify  
Employment Status and  
Practice Address(es)

Your dashboard will have a green checkmark beside Step 1 if completed properly.

## Important Notes:

- Any registrants who are either inactive, not practising dental hygiene or practising dental hygiene outside of Ontario will not have a Practice address listed.
- Any registrant who is on maternity leave and plans to return to practice at the end of the maternity leave should select “practising full- or part-time” as their option.

### Step 2: Self-Assessment

The purpose of the Self-Assessment is two-fold. Firstly, according to the Quality Assurance regulation, a mechanism is required for the College to monitor members' participation in, and compliance with, the program. The completion of the self-assessment fulfills this requirement. Secondly, by completing the Self-Assessment, depending on your responses, suggested goals will be generated for you to consider for the year. Your responses to the questions are NEVER submitted to the College. The College only receives a report from Skilsure (the third-party site that houses the SMILE Portal) notifying that the Self-Assessment has been completed by you for that particular year. Feel free to use, modify or delete any or all of the suggested learning goals. If you prefer, you still have

the ability to create your own learning goals for the year. The Self-Assessment contains 109 questions and takes approximately 15–20 minutes to complete. Once **ALL** of the questions are answered, you must select the **I'm All Done** option on the bottom of the page.

- ✓ 1. Verify Employment Status and Practice Address(es)
- ✓ 2. Self-Assessment

Your dashboard will have another green checkmark (this time beside Step 2) if completed properly.

As well, your dashboard will also confirm the completion of the Self-Assessment by showing the following message:

Self-Assessment Year:  
2016  
Status: COMPLETE  
Self-Assessment Due:  
Jan, 31, 2016

## Important Notes:

- You will not receive an email confirmation of completion of the Self-Assessment.
- **ALL** registrants, regardless of their registration status or employment situation (i.e. active, inactive, suspended, working in dental hygiene or not working in dental hygiene) are required to complete the mandatory Self-Assessment by January 31<sup>st</sup> each year.
- Educators are required to complete an **additional** Self-Assessment that contains 32 questions specifically for educators.

If you have not been selected to submit your Quality Assurance records to the College, your requirements for the year end here. Please continue to read from the heading **Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit**. If on the other hand you have been selected to submit your Quality Assurance records to the College for audit, please continue to read from **Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit**.

## Unsure if You Have Been Selected for Audit?

If you have been selected for audit you will find out in two ways. Firstly, the College will send correspondence to you, either by email or mail (depending on the method of correspondence you selected with the College) notifying you that you have been selected. Secondly, your SMILE Portal will reflect this in the dashboard with the following notification:

Audit Year: 2017  
Status: IN PROGRESS  
QA Records Due: Jan.  
31, 2017

It is important to note that these notifications are sent out by January 31<sup>st</sup> of every year.

All registrants whose registration number end in either “4” or “9” (i.e. \*\*\*\*\*4 or \*\*\*\*\*9) will be required to submit their Quality Assurance information by January 31, 2017.

### Exceptions:

- Registrants who submitted their professional portfolio in 2013, 2014, 2015 or who participated in the 2016 peer review will not be required to submit their information.
- Registrants who registered on or after July 1, 2014 will not be required to submit their information.

1204 Quality Assurance records are expected for audit due January 31, 2017.

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## Requirements for Those Who Have Been Selected to Submit Their Quality Assurance Records for Audit

If you have been selected to submit your Quality Assurance records for audit, your dashboard will reveal Steps 3, 4 and 5 after the completion of your Self-Assessment (Step 2).

### Step 3: Select a Path

You will be asked to select one of three possible Paths to demonstrate your competence to the College.

**Path 1** – Involves completing a Learning Portfolio and a Practice Profile. See right for what you can expect to see in your dashboard.

✗ 3. Path 1: Learning Portfolio & Practice Profile  
✗ 4. Learning Portfolio  
✗ 5. Practice Profile

✗ 3. Path 2: NDHCB Assessment & Practice Profile  
✗ 4. NDHCB Assessment  
✗ 5. Practice Profile

**Path 2** – Involves completing the National Dental Hygiene Certification Board Examination and a Practice Profile. See left for what you can expect to see in your dashboard.

**Path 3** – Involves completing the National Dental Hygiene Certification Board Examination and Requesting an Onsite Practice Review. See right for what you can expect to see in your dashboard.

✗ 3. Path 3: NDHCB Assessment & Onsite Practice Assessment  
✗ 4. NDHCB Assessment  
✗ 5. Onsite Practice Assessment

Once you have selected a Path, you must select the **I'm All Done** option on the bottom of the page.

### Important Notes:

- Please make certain that you are sure which Path you want to pursue before clicking the **I'm All Done** button because changing this involves technical support from Skilsure, and may take some time to correct. If you have an idea but are not certain of which Path you want to select, choose your desired Path and click the **Save and Continue Working** option for the time being rather than the **I'm All Done** option. This will allow you to still proceed with Steps 4 and 5.

### Step 4: Step four will vary depending on what Path you have selected.

If you selected Path 1, your dashboard will show Learning Portfolio. Under this option you will enter any goals you have created. Suggested goals that were generated during your Self-Assessment will appear here as well. To enter information about completed activities related to your goals, you have to select the goal and proceed to click on **Add a New Activity** to add details for each activity you have completed related to that goal. You may select more than one type of activity for a learning goal. Once you have entered all your goals and activities, you must mark your goals as complete. The final step is to select the **I'm All Done** option on the bottom of the page. This will get you the green checkmark next to Step 4.

### Important Notes:

- Remember that at least 80 per cent of your learning activities must be directly related to your learning goals and practice.
- Each activity must be entered separately. Do not list all activities for a particular goal in the same text box.
- Since you are in an audit year, your hours will only be cumulated once you have marked all your goals as **Complete**.

If you selected Path 2 or 3, your dashboard will show NDHCB Assessment. Under this option, you will be able to generate an email to the NDHCB expressing your interest in attempting the examination. The NDHCB will then email you instructions on how to take this examination. Once you successfully pass the examination, you will need to upload your email of successful completion in this step. Once you have uploaded your email, you must select the **I'm All Done** option on the bottom of the page. This will get you the green checkmark next to Step 4.



## Important Notes:

- Only original emails from the NDHCB will be accepted as proof of successful completion of the examination. Screen shots of the email will be accepted as well. Please do not copy the text of the email and paste it into another document as this is not acceptable.

## Step 5: Step five will vary depending on what Path you have selected.

If you selected Path 1 or 2, your dashboard will show **Practice Profile** under this step. You will be required to complete a Practice Profile (previously known as your “Typical Day”) corresponding to your current practices. If you provide direct client care, your profile will contain checkboxes and short answer questions which will allow you to provide a description of which conditions apply to your dental hygiene practice(s). If you work in more than one practice environment of a similar type, you will be asked to prepare the **Practice Profile** for each practice of that type. At the end of the profile, you will be given the opportunity to note any differences between your practices of the same type. If you work in different types of practices, you will need to prepare a Practice Profile for each practice. If you work in regular temporary placements in different practice environments, the concept of the **Practice Profile** still applies and you will complete the profile describing your “typical” temping position in a practice.

## Important Notes:

- Any registrants who are either inactive, not practising dental hygiene or practising dental hygiene outside of Ontario will not have a Practice Profile to complete.
- The College is only interested in your Practice Profile for the year you are being audited. Any Practice Profiles completed before the audit year will never be seen by the College.
- If you wish to follow Path 3, plans should be made to prepare for your onsite review. A Quality Assurance Assessor will contact you sometime in February to schedule your onsite review.

For the 2016 selection:

557 registrants selected Path 1, 90 registrants selected Path 2 and 1 registrant selected Path 3.

## Requirements for Those Who Have Not Been Selected to Submit Their Quality Assurance Records for Audit

If you have not been selected to submit your Quality Assurance records for audit, your dashboard will not reveal Steps 3, 4 and 5 after the completion of your Self-Assessment (Step 2). Instead, you will see **Learning Portfolio** and **Practice Profile** under the heading **Optional**.

Optional

Learning Portfolio

Practice Profile

This means that there is no requirement for you to enter information for your Learning Portfolio and/or your Practice Profile until you have been selected for audit and you choose a Path that requires these components. However, to take full advantage of the SMILE portal as a learning management system for your Quality Assurance records, the College strongly encourages registrants to enter their learning goals and activities annually.

## Important Notes:

- You will always have access to enter goals and activities in your Learning Portfolio for the previous three years as well as complete your Practice Profile for previous years also.

If you have any specific questions about the SMILE Portal, please feel free to contact the Quality Assurance department at the College. **CDHO**



# DISCIPLINE DECISIONS

## Summary and Reasons

### Mr. Michel Asselin – 006369

**Practice address:** 216-9350 Yonge St, Richmond Hill, ON L4C 5G2

#### ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Committed acts of professional misconduct pursuant to the following paragraphs of Section 15 of the Ontario Regulation 218/94 under the *Dental Hygiene Act, 1991*: paragraph 28 (falsifying a record relating to the member's practice); and/or paragraph 30 (signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement); and/or paragraph 38 (obtaining a benefit from dental hygiene employment while suspended without prior approval of the Executive Committee); and/or paragraph 41 (failing to pay money owing to the College); and/or paragraph 42 (failing to take reasonable steps to ensure that information provided by the member to the College is accurate); and/or paragraph 47 (contravening, by act or omission, the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts, more particularly, section 9 [no one other than a member shall use the title "dental hygienist" or hold themselves out as a dental hygienist] of the *Dental Hygiene Act, 1991* in conjunction with subsection 13(2) [a suspended member is not a member] of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*); and/or paragraph 52 (disgraceful, dishonourable or unprofessional conduct); and/or paragraph 53 (conduct unbecoming).

#### BRIEF SYNOPSIS OF FACTS

– Mr. Asselin was first registered with the College of Dental Hygienists of Ontario (the College) in July 1996.

- Mr. Asselin worked as a dental hygienist at Bayview Hill Dental Centre from approximately 1997 to 2014, without any substantial break in employment during that time.
- From on or about January 1, 2010 to on or about February 28, 2010, Mr. Asselin worked Fridays and Saturdays at Bayview Hill Dental Centre. After approximately March 1, 2010, Mr. Asselin worked only Fridays at Bayview Hill Dental Centre.
- From in or about 1999 to in or about May 2014, Mr. Asselin worked as a dental hygienist at Hillcrest Orthodontics without any substantial break in employment during that time.
- Mr. Asselin initially worked as a dental hygienist three days a week at Hillcrest Orthodontics but that increased to four days a week in or about 2014.
- Mr. Asselin's certificate of registration was suspended by the College for non-payment of fees during the following periods:
  - From on or about February 16, 2010 to January 23, 2012;
  - From on or about February 19, 2013 to February 28, 2013; and
  - From on or about February 20, 2014 to May 11, 2014.
- Mr. Asselin practised dental hygiene at both Bayview Hill Central Centre and Hillcrest Orthodontics despite his certificate of registration being suspended.
- When Mr. Asselin submitted reinstatement application forms to the College in 2011, 2012, 2013 and 2014, he confirmed that he had not practised dental hygiene while suspended, despite having practised.
- When Mr. Asselin submitted reinstatement application forms to the College in 2011, 2012, 2013 and 2014, he failed to list any place(s) of dental hygiene practice, despite still working at Bayview Hill Dental Centre and Hillcrest Orthodontics.
- Mr. Asselin falsified a copy of a certificate of registration to make it appear that it was a 2014 certificate of registration

and he submitted that falsified certificate to his employer at Bayview Hill Dental Centre.

- Mr. Asselin provided false or misleading information to his employer at Bayview Hill Dental Centre when he said that his inclusion on a College list of suspended dental hygienists was due to a technicality, when in reality it was due to his failure to pay his College fees.

## DECISION

### 1. Finding

- The Panel accepted the Agreed Statement of Facts, and found Mr. Asselin guilty of professional misconduct pursuant to the following paragraphs of section 15 of Ontario Regulation 218/94 under the *Dental Hygiene Act, 1991*, S.O. 1991, c. 22: paragraph 28 (falsifying a record relating to the member's practice); and paragraph 30 (signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement); and paragraph 38 (obtaining a benefit from dental hygiene employment while suspended without prior approval of the Executive Committee); and paragraph 41 (failing to pay money owing to the College) and paragraph 47 (contravening, by act or omission, the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts, more particularly, section 9 [no one other than a member shall use the title "dental hygienist" or hold themselves out as a dental hygienist] of the *Dental Hygiene Act, 1991* in conjunction with subsection 13(2) [a suspended member is not a member] of the *Regulated Health Professions Act, 1991*); and paragraph 52 (disgraceful, dishonourable or unprofessional conduct); and paragraph 53 (conduct unbecoming).

### 2. Penalty

- Reprimand and notation of such on the Register.
- Suspension from practice for five (5) months.
- Successful completion (i.e., obtain an unconditional pass) of the Professional Problem-Based Ethics Course ("ProBe") offered by The Center for Personalized Education for Physicians no later than August 17, 2016.
- Suspension of one (1) month of that suspension (i.e. so that the Member would serve four (4) months' suspension) if he successfully completes the Professional Problem-Based Ethics Course ("ProBe") by February 15, 2016.

### 3. Costs

- \$500.00 to the Minister of Finance
- College costs in the amount of \$2,400.00

### 4. Panel's Reasoning

- The penalty appropriately addresses the principles of penalty that the Courts have stated must be considered in arriving at a penalty decision.

- The significant suspension ordered addresses the principle of public protection by removing Mr. Asselin from practice for a period of time, which is an appropriate sanction and allows the registrant time to reflect on his actions.

- The order to successfully complete at his own expense the Professional Problem-Based Ethics Course ("ProBe") addresses the principle of public protection as well as general and specific deterrence. This course is an intense course with a substantial cost to be borne by the registrant. It also has a rehabilitation component.

- The fine ordered and the strict terms, conditions, and limitation imposed on the registrant's certificate of registration sends a strong message to the profession at large that such misconduct will not be tolerated.

- The penalty imposed appropriately addresses public protection, specific deterrence to the member in a sufficient manner such that he will not repeat his misconduct, general deterrence to other members of the profession, upholding the ability of the profession to regulate itself and rehabilitation of the registrant.

- The Panel took into account a number of aggravating factors in this case. The seriousness of Mr. Asselin's misconduct was an aggravating factor. He continued to work while suspended, once for about 2 years, once for about 2 weeks, and on another occasion for about 3 months. Mr. Asselin submitted a falsified certificate of registration to his employer and further lied to his employer about the reason for his registration being suspended. Mr. Asselin also provided false or misleading information to the College by confirming that he had not practised dental hygiene while suspended, despite having practised. Mr. Asselin was well aware of his suspension and took steps to hide it. Dishonest behaviour by a professional is not acceptable and is deserving of a serious sanction.

- The Panel took into consideration a number of mitigating factors. There was no discipline record and this was Mr. Asselin's first disciplinary finding. He cooperated from the outset and pleaded guilty. This spared witnesses from having to testify and saved the College the additional expenses it would have had to bear in pursuing this matter in a fully contested hearing. By his early admission of his misconduct and his co-operation with the College, he showed insight as well as remorse.

- The Panel believed that the penalty and costs order imposed will help to restore in the eyes of the public the reputation of the profession, which is damaged when a registrant engages in acts of professional misconduct.

**For the full text of the decisions and reason, visit [www.cdho.org](http://www.cdho.org).**

## Ms. Laila Osobleh – 014885

**Practice address:** 46 Pengarth Crt, Toronto, ON  
M9A 2P3

### ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Committed acts of professional misconduct under Section 15 of Ontario Regulation 218/94, as amended, under the *Dental Hygiene Act, 1991*, and in particular, paragraph 1 (contravening a condition imposed on a member's certificate of registration); and/or paragraph 28 (falsifying a record); and/or paragraph 30 (signing or issuing a document that the member knows or ought to know contains a false or misleading statement); and/or paragraph 31 (submitting an account or charge that the member knows or ought to know is false or misleading); and/or paragraph 47 (contravening a regulation under the *Dental Hygiene Act, 1991*, namely section 35 of Ontario Regulation 218/94; and/or paragraph 50 (failing to cooperate with an investigator for the College); and/or paragraph 52 (disgraceful, dishonourable or unprofessional conduct); and/or paragraph 53 (conduct unbecoming a dental hygienist).

### BRIEF SYNOPSIS OF FACTS

- Ms. Osobleh first became registered with the College of Dental Hygienists of Ontario (the "College") on April 28, 2011 and initially held a certificate of registration in the General class.
- Ms. Osobleh moved to the Inactive class on January 1, 2014.
- It is a condition of the Inactive class that a member holding such a certificate is not permitted to practise as a dental hygienist in Ontario.
- Ms. Osobleh provided dental hygiene services at a dental clinic in Vaughan, Ontario, to eight clients, between December 13-22, 2014, while holding a certificate of registration in the Inactive class:
- Ms. Osobleh signed an insurance claim form with respect to the dental hygiene services she provided one client.
- Ms. Osobleh made untrue statements to the Investigations Coordinator of the College and the College investigator.
- Ms. Osobleh plead guilty to the allegations.

### DECISION

#### 1. Finding

– The Panel accepted as true the facts set out in the Agreed Statement of Facts and accepted the guilty plea of the Registrant.

– The Panel found that Ms. Osobleh was guilty of professional misconduct pursuant to the following paragraphs of Section 15 of Ontario Regulation 218/94 under the *Dental Hygiene Act, 1991*: paragraph 1 (contravening a condition imposed on a member's certificate of registration); and paragraph 28 (falsifying a record); and paragraph 30 (signing or issuing a document that the member knows or ought to know contains a false or misleading statement); and paragraph 50 (failing to cooperate with an investigator for the College); and paragraph 52 (disgraceful, dishonourable or unprofessional conduct).

#### 2. Penalty

- The Panel accepted the joint submission as an appropriate order on penalty and costs.
- Reprimand and notation of such on the register.
- Suspension from practice for a period of one (1) month.
- Terms, Conditions or Limitations on Ms. Osobleh's certificate of registration:
  - Ms. Osobleh must, at her own expense, successfully complete, in the opinion of the Registrar, an individualized course in professional ethics, approved by the Registrar, within one (1) year of the date of this Order;
  - Ms. Osobleh must, at her own expense, successfully complete, in the opinion of the Registrar, the CDHO jurisprudence module, within three (3) months of the date of this Order.

#### 3. Costs

- A fine of \$500.00, to the Minister of Finance.
- College costs in the amount of \$1,800.00.

#### 4. Panel's Reasoning

- The penalty imposed appropriately addresses the principles of penalty which include public protection, general deterrence and specific deterrence, and rehabilitation. It also serves the important principle of maintaining public confidence that the College governs the profession effectively in the public interest.
- Sends a strong message that compliance with the regulations governing registration and renewal of registration are obligatory requirements for the practice of dental hygiene. The obligation to maintain a current certificate of registration is one of the many regulations in place to ensure that the public receives safe and effective dental hygiene care. Ms. Osobleh's practice as a dental hygienist after failure to renew her certificate of registration, demonstrated a serious disregard for the laws that regulate the practice of dental hygienists.
- Delivers a serious sanction for the Registrant's acts of misconduct and at the same time seeks to rehabilitate the Registrant through the ethics and jurisprudence courses it




requires as terms, conditions and limitations on her certificate of registration. The fine imposed is a recognition of the financial component of the misconduct in practising while not being registered, and the \$1,800.00 costs award against the member is appropriate. Members of the profession should not have to bear the full costs of the Registrant's misconduct.

– The fact that the Registrant had been experiencing serious financial difficulties at the time of her misconduct is not accepted by the Committee as an excuse for such misconduct. Dental hygienists, like all health professionals, must maintain their professional obligations even in times of difficult personal pressures, and will face discipline if they do not.

– The Panel considered as mitigating factors in this case that Ms. Osobleh expressed remorse and pled guilty which saved the College the time and expense of a contested hearing. Importantly, it spared witnesses from having to testify. Further, Ms. Osobleh had no prior record of professional misconduct. This was her first time before the Discipline Committee.

– The penalty order delivered was consistent within the penalties ordered in similar cases that the College brought to the attention of the Panel.

**For the full text of the decisions and reason, visit [www.cdho.org](http://www.cdho.org).** 

## Exploring Clinic Regulation in Ontario – What's Next?

*The Clinic Regulation Working Group was formed in 2015 by a number of regulatory colleges to explore stronger oversight of clinics in Ontario. After conducting research and assessing alternative solutions, the Working Group decided to conduct stakeholder consultations to gather feedback about the idea.*

### Consultation Results

The consultation period ended on December 31, 2015. Thank you to those of you who took the time to look at the website, watch the videos, attend town halls, and send in comments.

The Working Group has committed to a transparent consultation process. You can now read a report about the consultation feedback and all of the stakeholder comments on the website at:

<http://www.ontarioclinicregulation.com/>.

Find out what your colleagues and others had to say!

### Next Steps

The Working Group met in February to consider the feedback and determine next steps for the project. The Group reached a consensus decision to submit a report to the Ministry of Health on their exploration of clinic oversight in Ontario. The Working Group hopes to open a dialogue with the Ministry about strengthening clinic oversight to benefit patients and healthcare practitioners in Ontario.

The Working Group plans to submit this report in summer 2016.

### Did you know?

*The incidence and mortality rates of oral cancer are three times higher than for cervical cancer and almost double that of liver cancer.*

# Illegal Practice Is a Serious Matter!

By Jane Keir, RDH, BSc, BEd

In the past several months, the College has dealt with a number of complaints about people practising dental hygiene illegally. You may find it surprising that many of the illegal practice cases seen by the College are actually related to graduates of dental hygiene programs. These graduates made the decision to practise before they have been registered with the CDHO. So what happens when we receive one of these reports? While you may think that a graduate practising prior to registration is not as serious as when a person has no education in the field practices, this is absolutely not the case. In both cases, a determination has not been made by the College that they possess the knowledge, skills and judgment to practise the profession safely and effectively.

Those practising illegally, scale teeth and perform root planing (contrary to the controlled acts as listed in the *Regulated Health Professions Act*), take x-rays (which contravene the *Healing Arts Radiation Protection Act* which require that they be registered with the College), provide fluoride, review medical and dental histories and conduct intraoral and extraoral examinations. They also often contravene the protected title provisions of the *Dental Hygiene Act, 1991* by introducing themselves as a dental hygienist by using the initials “RDH” at the end of their signature or clinical notes. Contravention of these provisions of the *Dental Hygiene Act, 1991* is a provincial offence and could be punishable by a fine of up to \$25,000 for a first offence.

The College takes all illegal practice matters very seriously. In the interest of public protection, it is the role of the College to ensure that anyone providing dental hygiene services in Ontario has met all registration requirements. Those who apply for registration following practising illegally will likely have a more difficult time meeting the requirements; specifically, the requirement that “Nothing in the applicant’s conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.” Practising without being registered puts the public at risk. It is entirely possible and in fact likely that those practising illegally would not be covered by liability insurance for any incident that occurred prior to their being registered with the College. As well, a client would not have any recourse to the College’s complaints process if they wished to make a complaint about this person. Further, they have misled employers and clients and have treated and charged for services that they were not legally qualified or entitled to provide. This is unfair to the public and damaging to the reputation of all dental hygienists.

Following an illegal practice incident, the College is typically of the view that the only way to ensure that the person will practise safely and with decency, integrity and honesty, and in accordance with the law is by imposing on their certificate of registration specified terms, conditions and/or limitations (TCL’s) with the premise being that compliance with those TCL’s helps to provide assurance that the person is prepared to abide by their regulatory responsibilities.

TCL’s imposed on a certificate of registration can take many forms. Several examples of TCL’s previously placed on new registrants who had previously practised illegally include:

- Advising all affected clients that they had received services from someone practising illegally and providing proof that this notification has been completed.
- Advising employers that they had practised illegally.
- Successfully completing an ethics course that may come at significant cost to the person who had practised illegally. The course currently used in these cases costs approximately \$1800 US.
- Practising dental hygiene only with a practice setting monitor who will provide written reports, acceptable to the College during the period of monitoring.
- Cooperating with unannounced onsite inspections of their practice premises, records and billing records by an auditor appointed by the College. **CDHO**

# Updates to the Public Register

## New Registrants

November 16, 2015 to March 15, 2016

Abel, Janine	018069	Domingo, Leane Marie	018117	Mai, Iris	018012
Ada, Jouie	018006	Donaldson, Carieene	018042	Malabanan, Katrina Grace	018023
Akbari, Nilofar	018115	Dorani, Naziera	018019	Mamcarz, Eva	018055
Ali, Nadia	018112	Downing-Lagace, Monika	018009	Mangal-Momand, Zarlascht	018041
AL-Shaikhli, Suad	018103	Dowse, Shayla Jade	018010	Mangilit, Gilbert	018102
Anderson, Leycee	018076	Duncan, Sara	017998	Marshall, Katie	018094
Anil, Saikrishna	018029	Durbin, Lacey	018024	McCartney, Victoria	018011
Arif, Mehreen	018047	Edwards, Nicole	018089	McDowall, Jennifer	017981
Askes, Jillian	018088	Egeland, Jennifer	018097	Mestizo Mendoza, Roberto	018032
Augustine, Whitney	017993	El Naggar, Eman	018003	Mikhail, Nanda	018098
Azadi, Tahameh	017975	Elliott, Larissa	017989	Morrison, Alysha	017985
Bahamonde, Alexandra	018000	Ermel, Jessica	018109	Morton-McFadyen, Samantha	018058
Bakker, Victoria	018028	Fernandes, Joana	018105	Mulligan, Riley	017988
Baquiran, Michelle	018087	Ferreira, Gina	018086	Narwaley, Swapnil	017995
Barrientos, Melissa	018013	Figueiredo, Samantha	018080	Nasiri, Farzaneh	017984
Bartley-Grant, Simone	017979	Flood, Mackenzie	018085	Nelson, Meldesia	018104
Bellefleur, Rachel	017987	Fortier, Samantha	018075	Nemat, Lubna	018021
Bennett, Sara	018091	Foster, Bethany	018093	Neroda, Dunya	018106
Bodrug, Daralyn	018063	Fouladi, Behnaz	017982	Nguyen, Lisa	018026
Brennan, Blake	018070	Gao, Jing	017990	Olmstead, Jessica	018092
Campbell, Chelsea	017983	Gilbert, Shannon	018043	Park, Jiyong	018050
Castillo, Maria	018018	Gilbertson, Chelsea	018001	Pasqualotto, Stephanie	017973
Cegledi, Monica	018020	Gonzales, Maria Criselda	018049	Patel, Heeral	018110
Cerisano, Alyson	018067	Habib, Fatama	018082	Pelosi, Maddalena Rita	018108
Chase, Jennifer	017980	Hebb, Alyssa	018016	Perez, Marilena	018101
Chau, Sharon	018107	Hem, Eden	018048	Pillon, Stephanie	018044
Chervonyi, Angela	018100	Hill, Chantelle	018072	Porteous, Karmahn	018037
Cheung, Sally	018118	Hodgkinson, Tiffany	018078	Price, Kyra	018116
Cho, Sanghee	018004	Indriago, Marvelia	018045	Pulatova, Irina	018007
Church, Alanna	017996	Jack, Riley	018084	Rabaey, Danielle	017978
Ciampaglia, Amanda	018061	Jayoma, Jacqueline	017977	Rainbird, Rachel	018057
Clarke, Heidi	017999	Kadashev, Shirley	018062	Rankin, Shawn	018054
Commisso, Milena	017991	Kalvaitis, Jessie	017997	Rashid, Hina	018079
Cooper, Brittany	018060	Kellar, Rebecca	018027	Rastgar, Tahira	018065
Cornell, Brianne	017992	Ketenjian, Linda	018059	Ratte, Vanessa	018040
Crandell, Danielle	018034	Khan, Shoaib	018046	Ruiz, Abigale	018077
Cuary, Gloria	018113	Korpai, Mannet Luxmi	018056	Seto, Meagan	017986
Dalalahmadkashahri, Mitra	018099	Kuchma, Jessica	018064	Shaghaghi, Elina	018114
Davis, Celeste	018038	La, Michelle	018030	Sharp, Michelle	018111
Defields, Sara	017976	Laforge, Nicole	018052	Sood, Mehak	018068
DesChene, Rhiannon	018015	Langel, Ashley	017994	Sookpaiboon, Thanida	018074
Dhaliwal, Jeet	018022	Lashkari, Samina	018017	Stylianou, Helen	018071
Diemert, Jennifer	018096	Li, Irean	018036	Sutherland, Jaclyn	018031
		Luu, Celine	018005	Thornton, Sydney	018053
		Ly, Charlene	018014	Tillapaugh, Karolina	018039
		Magee, Brittany	018090	Tingey, Bailey	018051

Toor, Sukhman	018095
Tougas, Keelyn	018081
Tworek, Agnieszka	018025
Unrau, Ashley	018035
Vander Klooster, Kristina	017974
Walsh, Cassidy	018083
White, Ashley	018033
Woodford, Jessica	017972
Yadav, Ankur	018008
Young, Ashley	018066
Zerdin, Amanda	018073
Zhang, Yingke	018002

## Authorized for Self-Initiation

November 16, 2015 to March 15, 2016

Abraham, Irene Baaba Kwadjiriba	012983
Adams, Natalie Sophie	009973
Ahmadi, Estoray	014944
Arevalo Puerto, Nubia Fernanda	008372
Asad, Tatiana	013751
Ashby, Alica	016863
Assanovich, Alena	015659
Awan, Naila Tabassum	016540
Badulescu, Laura	009901
Baragar, Joanne	001384
Barber, Suzie	010781
Barszcz, Malgorzata Barbara	009447
Bassiri, Farnaz	014597
Boismier, Nicole	011306
Bokhari, Huma	011470
Boucher, Sophie	007979
Brake, Anna	014316
Breau, Andrea Marie	005073
Brown, Kellie	014213
Brown-Washington, Gillian	014344
Bryzhan, Yelena	011725
Campbell, Michelle Karen Anne	017799
Chafchak, Jessica	017906
Claire, Sandeep Kaur	011207
Clunie, Margaret Anne	006146
Cook, Christine Katherine	007020
Cordova, Monica Valeska	015931
Cornish, Ersie Abigail	013067
Costantini, Dino	003929
Cowan, Emily	015229
Crane, Allison Cynthia	015929
Dakin, Linda Marie	003228
D'Angelo, Sabrina	008221
Day, Ellen	017089
Day, Robyn	015917
Del Rosario, Ruben Antonio	015525
DePaolo, Jennifer Diane	008815
DesChamps, Alyssa Leigh	015286
Desnoyers, Michelle	013074
Di Biase, Nancy	007688

Di Mambro, Daniella Mary	007117
Di Paolo, Diana Lynne	009814
Disher, Taralynn	014214
Doci, Tijana	015964
Dominelli, Lory	007185
Donaldson, Katelyn	015267
Fannin, Meghan	015801
Fare, Kailee	015205
Ficht, Jessica Leigh	009335
Finos, Maria Vittoria	006657
Fraynak, Natasha	015103
Gangbar, Shelby	015708
Gauthier, Alaina	015001
Gill, Mandeep	013272
Gould, Andrea Katrina	013818
Grona, Carolyn Shelby	007835
Hickson, Patricia K	002972
Hishon, Kara	015857
Humsi, Mona	005849
Jalak, Bonnie Lynne	009904
Jennings, June Claudia	011584
Johnston, Aleeya	016199
Kamboj, Dalbir	015251
Kamosi, Nada Jafar	012678
Kapogiannis, Andrea Diane	013209
Kis, Jennifer Caroline	014303
Krumme, Sarah	008418
Kuri, Klavdija	008458
Lachance, Edyta	013475
Larabie, Shannon	014873
Latorre, Liliana	016456
Lavoie, Donna	003992
LeBlanc-Grueters, Lisa Noella Marie	007546
Li, Brittany Kirsten	016595
Luddin, Tayba	014306
Ludgate, Myles Anthony	016683
Majcen, Tanja Natasha	014541
Manning, Kirsten	014400
Marusic, Doris M	004930
Maycenic, Alida	005150
Medina, Cristina S	008443
Mila, Sabrina Linda	007264
Muldoon, Lindsay	011733
Narwaley, Swapnil	017995
Nash, Christine Elaine	005327
Nickleson, Karol	008930
O'Leary, Anne Louise	002684
Olm, Cher Maria	008866
Oudman, Stephanie Rebecca	010842
Paci, Meredith Talarczyk	012368
Pearson, Tessa	012376
Pelletier, Genevieve	014022
Petti, Caitlin	014051
Pinkney, Sandra	015557
Poirier, Tracy Nichole J	003455
Popovic, Ljiljana	015592
Prajapati, Dimple	012768

Ranalli, Angela Loretta	003186
Rea, Terena Nicole	011247
Reis, Katrina	013066
Rice, Tracy Lyn	007469
Robinson, Amanda	015137
Robinson, Rachel	017455
Roy, Abby Lynn	007699
Roy, Shantal	015830
Ryan, Andrea Lynne	008177
Schneider, Teresa	003502
Sinclair, Mary	017044
Snow, Noelle	015699
Strosberg, Stephanie Lynn	009331
Szabo, Heather	009265
Thomson, Lynanne Marie	006435
Tillapaugh, Karlina	018039
Tittarelli, Christine	003919
Toulis, Anna	006447
Tuazon, Mylene	005793
Tummonds, Megan	016884
Turner, Tricia	015725
Viveiros-Lea, Victoria	015262
Walsh, Emily	015027
Wang, Jing	016210
Waterfield Cannon, Sara Jane	008379
Watts, Meggie	015697
Wiarda, Amber Lee	016490
Williams, Madelyn Rose	016478
Wintle, Allison S	007924

## Reinstated

November 16, 2015 to March 15, 2016

Ashley, Alana K.	006763
Doyle, Sonja Helen	011022
Dzindo, Emir	015777
Ferguson, Rosanna	007753
Krumme, Sarah	008418
McMurray, Jane	005407
Mendonca, Inesia	011359
Morand, Tracy Ann	005925
Purdie, Lindsey	011797
Seeram, Michelle	015376

## Did you know?

60 registrants were  
suspended this year for  
non-payment of fees.



## Resignations

November 16, 2015 to March 15, 2016

Adam, Anik D	008036	Coedy, Jane Elizabeth	001029	Goela, Neena	008346
Al Rayes, Bushra	015584	Connolly, Dorothy Jane	000745	Gonzalez Sapene, Alejandra	016491
Alexanian, Wendy Lynn	005694	Cooley, Debbie	006998	Good, Janet E	003262
Allard, Andrea	006843	Cormier, Karine	016079	Gooding, Shannon Jane	001969
Andrews-Viscardi, Valerie	002294	Couture, Anne Marie	009683	Gosselin, Mona Denise M	004031
Araujo, Ana Maria	010981	Dafoe, Bonnie Lynne	002126	Gotro, Anne Elizabeth	001128
Attar, Pooja	017911	D'Agostino, Martina Lee	006233	Grewal, Kuldeep	012773
August, Alicia	016118	Danen, Janice	005798	Guay, Alesia	009275
Bandulj, Natalija	005838	De Diego, Gianni Marcela	001701	Gunter, Donna Mae	000437
Bantseev, Svetlana Sitnikov	007627	DeCorso, Sandra Janet	008370	Guzman, Arianna Ayari	013840
Beaulieu, Sarah	009827	Delano, Cara Lynn	006899	Halberstadt, Cheryl Nancy	000268
Beauparlant, Cindi Lee	001674	Dennis, Yolanda	017682	Haley, Amanda	017341
Bechard, Susan Marie	005517	Depikolozvane, Dolores	006439	Hamilton, Katherine Gene	016223
Bedour, Pamela Dawn	002337	Desrosiers, Katie	010473	Hanna, Jessica	016172
Belliveau-Primeau, Judy L E	002680	Deverett, Sally Reva	002969	Hartley, Corina Lynn	011099
Benyovits, Patti	001387	Di Cristofaro, Gennarina	002695	Hazell, Fay	010869
Beti-Toffelmire, Lauma	003341	Doak, Lorrie Jean	006480	Hazelwood, Revanna	016599
Bienvenu, Julieanne Marina	014373	Dominguez Mejia, Maria	015553	Hearn, Colleen Regina	002795
Bindseil, Tammy Christine	009924	Donskov, Amy	008996	Henry, Jo-Ann	017050
Blackstock, Lisa Starr	003548	Doucet, Vanessa	017320	Herrera Castro, Gina Marisol	016712
Blair, Cathleen M	000275	Doucette, Cindy	007557	Herrington, Jennifer	010812
Blaise, Claudine	017639	Doucette, Leah Ashley	017583	Herterich, Diane	000867
Bloom, Charron Beatrice	004137	Dougdeen-Jokhu, Andra Rosemarie	004082	Hewitt, Andrea L	000985
Blouin, Maicie	017116	Driedger, Kelsey Elizabeth	017098	Hewitt, Mindel Patrice	000822
Bobier, Jill Elaine	000960	Duffin, Rachel	015523	Hill, Alexandra	017431
Bojescu, Angelica	013741	Dupuis, Denise Marie	001255	Hinton, Joanna	015432
Bologna, Tanya	008258	Dwyre, Colin David	009896	Hogan, Ann Dee	001504
Bridge, Karen Ann	003429	Easby, Katelyn	014996	Holt, Gwendolyn Louise	001004
Britton, Helen	003105	Eisenberg, Evelyn Fay	000295	Holyday, Diane Marlene	004275
Brook, Sara Kristen	013555	Elliot, Barbara Jean	001764	Homem, Sandra Maria	008726
Brooks, Betty Jean	005912	Elliott, Gwendolyn Alice	001435	Hong, Jian Ping	015975
Bruce, Lois Catherine	003704	Erling, Donna	001796	Hook, Judith Lynn	000711
Brush, Gayle Ann	001235	Fabiszewska, Dominika	012973	Hosegood, Lynora Lee	001125
Buccella, Marion Helen	001374	Faith, Tisha	004601	Hounsell, Cassandra	017580
Budge, Susan Ann	001723	Farah, Amal Lina	007194	Huang, Song Shu	015764
Bugslag, Julie Marie Lise	014250	Ferron, Shelley Ann	007822	Hunt, Melissa Anne	010122
Campagnolo, Deborah Lynne	004999	Filman-Hebert, Diane Sunny	003496	Hussey, Heather Michelle	008214
Cardy, Nancy Lynn	001642	Fines, Michelle Christine	013415	Hyland, Patricia Ann	000675
Caron Castonguay, Elise	013046	Flake, Lynn	007327	Intriago, Heaven-Leigh Azalea	016612
Carr, Karen Wendy	000943	Flansbury, Karyn	017599	Irving, Victoria Joyce	005576
Carruthers, Karen Ann	004139	Flewelling, Lisa	009839	Japiassu, Ivana Tavares	017600
Cavanaugh, Carla Thelma	005861	Forrest, Mary	002475	Jecu, Paula	014828
Chamberlin, Peggy	003048	Frair, Catherine Anne	003204	Jeevananthan, Subashini	012349
Chayka, Leslie	013411	Freeburn, Sharon Frances	008358	Jefferson, Mary Elizabeth	000548
Cheeseman, Deborah	000984	Frobel, Carol Ann	000571	Jeffrey, Bonnie Lou	000701
Chenier, Carole Ruth	003820	Fung, Emily	015016	Johnson, Amelie	009131
Childs, M Philomena	002331	Fyfe, Elaine Patricia	001787	Johnson, Julie Ann Emily	009865
Chilton, Linda	003596	Gaboury, Melissa	017014	Johnston, Jennifer Lee	007563
Cisse, Seydou	016117	Garg, Saru	010978	Johnston, Wendy Debborah M	001208
Ciurea, Magdalena O	000783	Gauthier, Jocelyn Sharon	011851	Kamboj, Ananta	011832
Clark, Catherine E M	001438	Gerges, Reham	008073	Karpenko, Marie	014326
Clark, Janice	002048	Ghuloom, Khalil	015666	Keating-Stout, Courtney Elizabeth	016336
Clouthier, Kim	002188	Gill, Amandeep	012955	Keller, Michael	005054
Cocca, Carrie Lynn	009802	Girgis, Saeed	010775	Kendall, Vicky	017429
		Glazier, Gayle Felice	000975	Kenny, Audrey Elfa	000721
		Glover, Bernadette Karla	002273	Keung, Jeanie	015263
		Gneo, Sandra	006577	Kiessig, Tammy Lynn	005183

Kimura, Ryuko	014013	McCulley, Maureen Mary	003287	Rajan, Nadia	011583
King, Kristyn	016418	McDonald, Jacqueline	009098	Reis, Ana Teresa	004942
Klerer, Marsha Helen	002013	McGrath, Miranda Martha	007240	Renshaw, Judie	003882
Knaak, Megan	014864	McGuire, Amy-Lou	013273	Renwick, Amanda	015622
Knowlton, Hanne	004576	McGuire, Vivian Anne	000852	Rochon, Lucie Marie	005006
Koch Marques Da Silva, Bryanna K.	017540	McMahon, Nancy Marie	000965	Rodrigues, Felicia	017502
Kordish, Shauna	010482	McWhinnie, Joan Marie	007682	Rose, Marcia	006568
Labonté-D'Aoust, Gisèle E	002560	Melchor, Ayza	012126	Rosenthal, Lori Anne	002657
Lacey, Erika	003646	Mendes, Leonilde	009391	Ryan, Deena Mary	010328
Lalonde, Dianne M M	005705	Menzies, Donna Beth	004241	Ryan, Shari Rachelle	013892
Lam, Corinne Kou Yean	009842	Metcalfe, Susan Elizabeth	001080	Saward, Heather Ann	013317
Landon, Carol Dianne	001638	Mills, Tara Nichole	007255	Sazonova, Olena	017334
Laperriere, Michelle Catherine	010082	Minshull, Wendy	006334	Schiller, Andrea Ruth	001063
Lariviere, Kassandra	015893	Mosli, Susanna	010971	Scorgie, Maiko	016861
Lavallee, Pamela	006231	Mucci, Jennifer Kathleen	009726	Secord, Francine Marie L	001767
Law, Lacey	016508	Murray, Karel Leanne	005357	Sem, Sarin	016486
Lawrence, Elaine	000586	Murray, Stephanie	016629	Serge, Amanda Alexandra	016435
Leavitt, Pamela Jean	001964	Nael, MaryLynn	001357	Setchell, Alannah Lauren	017318
Leblanc, Julie	014584	Nasir, Noorulain	017250	Shah, Syed Sami Ur Rehman	013332
Lebovics, Tsippi Karen	004437	Nasser, Muslim Mustafa	016389	Shannon, Danielle Anne	008512
Lecnik, LaDawn Jonae	016852	Newman, Michelle	011997	Shapira, Gail	001467
Lee, Sandra Jane	001043	Nitsopoulos, Alexandra Tany	006995	Sheraze, Raziye	016218
Lemaire, Nathalie Anita	005273	Niven, Carol Ann	002626	Simpson, Kelsey	015693
Levitt, Janice Maureen	001519	Noonan, Terri Ann	000649	Sinclair, Kayley Emma	017626
Levy, Myra Helene	000207	Novak, Catherine	002310	St. George, Rachelle C	008045
Lewin, Nina	000833	Novak, Jesse Deanna	017382	St. Onge, Mary Jane	003414
Liao, Hong	011621	Nyarko, Paulina	014081	Staub, Michelle Katherine	016859
Liddicoat, Zoe C	008985	Ogilvie, Laurie Anne	002528	Stevenson, Michelle	011884
Liu, Xin	015674	O'Riordan, Carmen Rachelle	001782	St-Onge, Gabrielle	017662
Loiselle, Ronda Ann	006925	Padron Guzman, Betsy Yenisey	014678	Stout, Robin Frances	004284
Lowman, Faith Esther	003255	Pannu, Veerinder	010684	Strudwick, Tracy Christine	011230
Lucci, Jessica Lynn	016073	Parkes, Margaret Rose	000652	Surace, Grace	004952
Ludwig, Judith Michelle	001604	Patel, Greig	017917	Tamayo Bustamante De, Cynthia	013712
Lusignan, Veronique	013855	Patel, Kajalben	017224	Tarnovietchi, Ashley	014154
Lussier, Céline	017007	Paton, Glenna Kathryn	004906	Taylor, Deby	006193
Luzzi, Bonnie	007201	Patrick, Brenda Lee	005561	Tessmer, Paula Nancy A	005739
MacFarlane, Marion Louise	000459	Payetta, Karen	005675	Tetreault, Kari	013934
Macfie, Liz	003123	Pedlar, Cindy Louise	005737	Therrien, Chanelle	017746
Madgett, Janice	000854	Peleshok, Crystal Joy	000564	Thomas, Lesley Monique	016598
Maga, Susan Anna	000948	Pelissero, Ursula M G	000455	Thompson Lynch, Pamela Elaine	006145
Mahmood, Hena	016115	Penning, Janet Judy	003294	Toussiani, Simin S	009588
Mairs, Tanya Lee	009925	Pepin, Cindy	014011	Tran, Tracy	012019
Malekzadeh, Sally	016144	Pepper, Cindy	013127	Tremblay, Mathilda Suzanna	001574
Malhie, Amarpreet	013873	Perras, Shayla	012108	Trepanier, Phyllis Margaret	002517
Mamott, Shelley	006712	Petrossi, Diana	005634	Trudell, Kelsey Alexandra	017457
Mander, Mandeep Kaur	014368	Pingitore, Juliana	001142	Turner, Laurie Kathleen	000587
Manji, Yasmin	005022	Pink, Carolyn	002368	Vaidya, Parth	017822
Marcos, Manuel Gregory	011109	Pitcher, Carli Alyson	014449	Van Oort, Marilyn H M	001663
Marcos, Texia Lucia	010954	Pittendrigh, Elena	016241	Vanderlee, Nancy	015803
Markusic, Natalie Mercedes	012204	Piva, Lois Geraldine	001246	Vanderzwaag, Carolyn	009162
Martin, Wendy	003620	Poirier, Nicole Cecile	000917	Vascotto, Linda Elizabeth	001950
Martins, Sara J.	010563	Powell, Sindy Kay	006209	Vasilakakos, Eva	006818
Masse, Louise	004683	Presello, Karen Ann	003575	Veilleux, Nathalie	009505
Maughan, Catherine E	002971	Pretto, Jaclyn Marie	013926	Vicino, Cynthia Angie	014626
Mavor, Kathleen	014558	Prusky, Meagan Marie	017207	Vincent, Lise L	001081
Mc Phee, Amanda	014059	Purohit, Hardik Prakashchandra	017870	Vinet, Lydia Ursula	003183
McCaughan, Elizabeth Agnes	005593	Quilao, Norma	013205	Viveiros, Lesia Natalka	003760

Vo, Hien Kim	017304
Wainberg, Kathy-Jo	000993
Walker, Katherine E	000445
Walker, Michele Elaine	003436
Walsh, Shelagh E	001428
Wardrop, Blair	016724
Weicker, Cristina	009919
White, Cheryl R	000702
White, Danielle	015715
Whitfield, Kendall	015625
Wickett, Janet Jessie	003303
Wilson, Carolyn Jill	004474
Wilson, Janet	002296
Wilson, Tracey Naomi	004461
Wilson, Valerie	007332
Woodhouse, Marie Ann	003057
Yee, Anne	000926
Yuan, Stu	014932
Zakrajsek, Alenka	006384
Zamon, Carole Helene	000344
Zhang, Patty	017862
Zuschlag, Donna Louise	005157

## Suspended/Revoked

*In accordance with section 24 of the Regulated Health Professions Act (Code), the following registrants have been suspended or revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her or his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee.*

## Suspended for Non-Payment of Fees

*February 24, 2016*

Aarons, Camille	007935
Allard, Andrea	006843
Atkinson, Katrin Elizabeth	009394
Beltrano, Andrea	015779
Bobic, Radojka	012327
Campbell, Ayndrea	015753
Carcasole, Anita Connie	006409
Caul, Crystal Dawn	008883
Christofi, Elizabeth	013928
D'Agostino, Martina Lee	006233
Dalrymple, Kayla	015621
de la Portilla, Eva Teresita	009520

Fasken, Wendy Yvonne M	002908
Fines, Michelle Christine	013415
Frattaroli, Denny Denise	007122
Ghewondian, Alla	016068
Gill, Harmanjit	016844
Hazell, Fay	010869
Hill, Alexandra	017431
Hoodfar, Ashley	005029
Igreda, Ledda	013568
Joreanu, Cristina	016141
Kwaitkowski, Sabrina	016033
Lahaie, Trina	009277
Litzenberger, Heidi Anne	012429
Liu, Yuan	015677
Martin, Julian	016229
Mazanek, Shandel	016135
McGee, Rachel Alexandra	015043
Medina, Rosy	017868
Mithani, Sadaf	013919
Morand, Tracy Ann	005925
Mulyk, Irene Orysia	003680
Neudorf, Nicolette T	004523
Nguyen Le, Jennifer	015947
Oshana, Rua	012817
Padda, Sonam	017383
Perivolaris, Vicki	016632
Petrossi, Diana	005634
Philp, Lisa Dale	004305
Pirri, Natasha	016704
Pister, Batsheva	012825
Plommer, Kimberley Anne	003697
Ponce, Celda	005668
Randall, Kathryn Margaret	001592
Rhiger, Cori	005574
Rinaldi, Jennifer	017407
Scott, Maggie	014766
Scully, Samantha	016000
Showler, Whitney	015895
Sidhu, Satwant Kaur	012040
Sitnikova, Margarita	014697
Sullivan, Tracy	012561
Uwimbabazi, Providence Marie	011873
Willer, Eva Maria	004597
Willett, Melanie	012659
Wo, Xiao Rong	014572
Yin, Tingzhe	011001
Zabihi, Nikki	010266

## Suspended with Cause

*August 17 to December 17, 2015*

*February 16 to March 15, 2016*

Asselin, Michel	006369
<i>January 15 to February 15, 2016</i>	
Osobleh, Laila	014885

## Revocations – 2016

Afzaly, Manizcha	012668
Astaneh, Mahvash	010721
Babin, Dawn Elizabeth	001057
Bier, Sheena	010993
Brea, Vanessa	014709
Burley, Angela	016390
Cameron, April	015551
Careless, Kelly Ann	005701
Châteauvert, Dominik	014058
Cook, Melissa Nicole	013383
Courey, Sandra	006165
Delaura, Denise Marie	016546
Dugas, Julie Danielle	009968
Foster, Margo	011397
Hadley, Rachael	015681
Holden, Marlene E	002410
Hucker, Cheryl Anne	006540
Huynh Dang, Sabrina	015582
James, Sarah	012791
Jassar, Sumeet	016295
Jaura, Sonya	015100
Jones, Courtney	009410
Kukendran, Pratheep	016257
Leblanc, Christine	016036
McBride, Eliesha Maureen Joy	010569
McCool, Annette	013334
Messier, Jean	014401
Morris, Angela Sharlene	016413
Mwanga, Josiane	011446
Nevzorov, Alexei	015628
Palmer, Pamela Ann	007484
Paquette, Jaynie	016190
Pauley, Teresa Lynn	016538
Raffoul, Catherine	014889
Rennette Main, Beverley	006605
Roberts, Kimberly	003208
Saquian, Marian	011274
Slinger, Gail Diane	001234
Van Stroe, Stephanie	016004
Vanderhave, Julita Guizot	014879
Winstanley, Cara Joanne	008211
Winters, Janet G M	003091
Yanez, Roxana	009449
Zoldy, Carole Anne	006643
Zubkova, Julia	015698

## Deceased

*As of March 18, 2016*

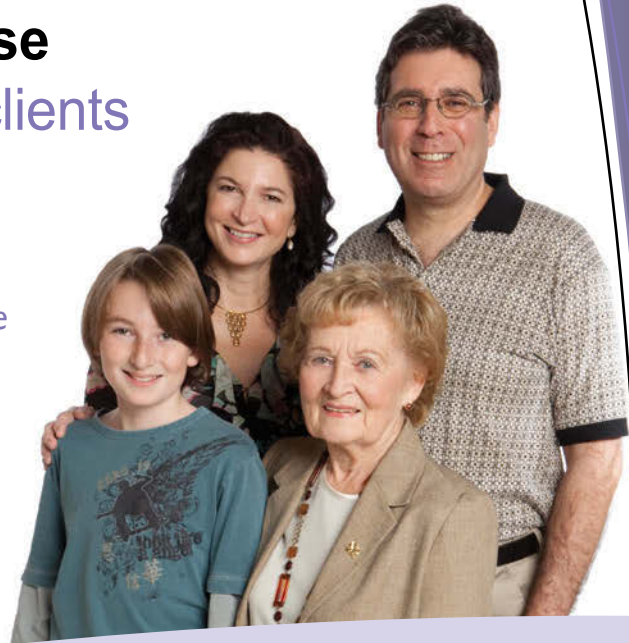
Brown, Wendy Anne	003106
Murphy, Jayne	002690
Paquette, Michaeline Marie	004322



College of **Dental Hygienists** of Ontario  
L'Ordre des **hygiénistes dentaires** de l'Ontario

## the College's promise to dental hygiene clients

*You can expect to receive  
quality preventive oral hygiene care  
from health professionals who are  
registered with the College of  
Dental Hygienists of Ontario  
(CDHO).*



### how we keep this promise

- ✓ All dental hygienists must be **registered** with the CDHO to practise in Ontario.
- ✓ Only persons currently registered with the CDHO may use the title “dental hygienist” or any variety of translation of “**dental hygienist**” including the initials RDH (Registered Dental Hygienist).
- ✓ Every dental hygienist in the province **must** meet the CDHO’s entry-to-practice requirements.
- ✓ A list of currently registered dental hygienists is **available** to the public.
- ✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and **inform** the public.
- ✓ The continuing competency of your dental hygienist is **monitored** and **supported** by the College throughout her/his professional career.
- ✓ Information about oral health and **access** to dental hygiene care is promoted to the public.
- ✓ A **fair** and **transparent** complaints process is available to help clients who feel they may not have received the care they had the right to expect.
- ✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to **safe** and **effective** oral health care.