

Request for Certificate of Standing from Another Regulatory/ Licensing Body

Section 2 of this form must be completed by the regulatory/licensing body in any jurisdiction in which you have been registered as a dental hygienist or any other regulated profession.

SECTION 1

SURNAME

GIVEN NAMES

FORMER NAME(S)

REGULATORY/LICENSING BODY

REGULATORY BODY ADDRESS:

Street

City

Province

Postal Code

Country

I AUTHORIZE _____ (Name of regulatory/licensing body) to provide the information requested below and any additional information requested by the College of Dental Hygienists of Ontario to process my application.

APPLICANT'S SIGNATURE

DATE

SECTION 2

To be completed by the regulatory/licensing body and emailed to registration@cdho.org or mailed directly to:

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

NAME OF APPLICANT

CERTIFICATE OF REGISTRATION/LICENCE NUMBER

DATE OF REGISTRATION

DATE OF EXPIRY

CATEGORY OF REGISTRATION

SECTION 2 (CONT'D)

Has the applicant ever had a finding of professional misconduct, incompetence or incapacity, or a similar finding made against them?	Yes	No
Is the applicant currently under investigation or involved in any proceedings for professional misconduct, incompetence or incapacity or any similar investigation or proceeding?	Yes	No
Does your organization have any other information relevant to the applicant's suitability to practise the profession of dental hygiene?	Yes	No

If the answer to any question is "Yes", please provide an explanation.

I, _____ (Name of Official), the _____ (Title of Official)
acting on behalf of the _____ (Name of regulatory/licensing body)
do hereby certify that the foregoing statements are true for the registration record of
_____ (Name of Applicant).

Signature

Date



Reviewed: July 2024

