

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

APPLICANT INFORMATION

DATE OF BIRTH (DD/MM/YYYY)	LAST NAME	GIVEN NAMES (FIRST, MIDDLE)
HOME ADDRESS		
STREET (NUMBER, NAME, APT/SUITE NUMBER)		CITY
PROVINCE	COUNTRY	POSTAL CODE (OR COUNTRY CODE)
MAIN PHONE NUMBER		EMAIL ADDRESS

List all educational institutions attended to obtain your Dental Hygiene qualifications.

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

Assessment Fee: \$800.00*

* Cost subject to change without notice

1. CDHO will not begin its assessment until all fees are paid in full and all required documentation is received.
2. If you wish to authorize a third party/agent to act on your behalf, written authorization is required. Information, correspondence, and results will be provided to you OR your agent. No information will be released over the telephone.

CONSENT/WAIVER

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

- Certify that the information provided is true and accurate to the best of your knowledge.

- Realize that this assessment is not binding on any institution or organization, and release the CDHO from any liability for damages incurred due to the use of this assessment report.

- Acknowledge that, if CDHO and its agents determine that ANY document(s) submitted with respect to an application is fraudulent, forged, altered or irregular, the assessment will be terminated and the fee will NOT be refunded.

- Agree that the fees, once paid, are non-refundable.

- Allow CDHO to contact any relevant institutions for verification purposes and to request any additional information needed before completing the assessment.

- Acknowledge that information and documents relative to an applicant may be disseminated to a network of education credential evaluation services, and you authorize such dissemination.

- Certify that you have read and fully understand the above, and agree with the terms outlined.

Signature of Applicant

Date (MM/DD/YYYY)

THE APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID SIGNATURE

EMAIL TO:
registration@cdho.org

July 2025

