

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

APPLICANT TO COMPLETE THIS SECTION

NAME OF APPLICANT (FULL LEGAL NAME)

STUDENT ID NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MONTH/YEAR OF GRADUATION

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

Signature of Applicant

Date (MM/DD/YYYY)

Instructions to the educational institution

The former student named above has applied for registration with the College of Dental Hygienists of Ontario (CDHO). Because they completed a Dental Hygiene program or a program related to Dental Hygiene that was not accredited by a recognized accreditation body, their educational credentials and qualifications must be assessed.

The candidate has agreed to have you correspond directly with CDHO to provide us with supporting documentation needed to complete the applicant's assessment. Please complete the information requested below. Your institution's Registrar, Dean, Program Director or Principal may complete the Document Release Form. **The institution, or you as the named representative, must send this information directly to CDHO, and not to the former student/applicant.**

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

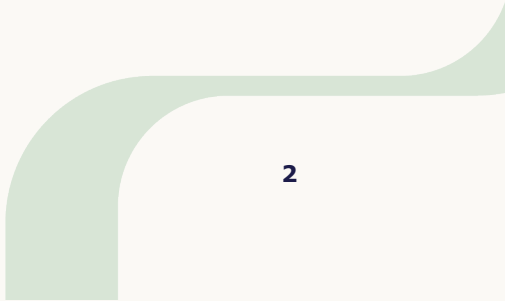
DOCUMENTS TO SEND WITH THE COMPLETED DOCUMENT RELEASE FORM

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

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

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

If you do not have a word-for-word translation of all supporting documents, it is the applicant's responsibility to have the original documents translated after CDHO receives the original documents from your institution.



DENTAL HYGIENE PROGRAM INFORMATION

The educational institution must complete pages 3-6.

This form is completed by:

- Registrar
- Program Dean
- Principal
- Program Director

Name (Please print): _____

Email: _____

Signature: _____

Date (MM/DD/YYYY): _____

Full name of student: _____

Student's date of birth (MM/DD/YYYY): _____

Name of the institution: _____

Name of school (if different from above): _____

Address of the institution: _____

Telephone: _____ Web page: _____

Name of degree, diploma or certificate awarded: _____

Language of instruction: _____

Minimum academic entrance requirement for the program: _____

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

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

Student admission date: _____ Student completion date: _____

Length of program:

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

Number of weeks in one semester _____ Number of hours in 1 credit _____



DOCUMENT RELEASE FORM – ASSESSMENT OF EDUCATIONAL CREDENTIALS AND QUALIFICATIONS FOR GRADUATES OF NON-ACCREDITED DENTAL HYGIENE PROGRAMS



Number of practical hours in 1 credit: _____

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

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

Date degree/diploma/certificate was awarded: _____

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

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

Can the student work as a Dental Hygienist after they successfully complete your program? Yes No

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

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

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1. Was independent / autonomous practice / primary care provider training included in the curriculum?

Yes No

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

How does your program define independent / autonomous practice?

Are Dental Hygiene students taught how to make a dental hygiene diagnosis? Yes No

Are your graduates allowed to make a Dental Hygiene diagnosis? Yes No

Can your graduates develop a treatment plan independent of a dentist's direction? Yes No

2. Were evidence-based practice principles included in the curriculum? Yes No

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

How does your program define evidence-based practice?

3. Was scientific inquiry/research included in the curriculum? Yes No

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

How does your program define scientific inquiry?

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4. Was professional conduct (jurisprudence) and ethics included in the curriculum? Yes No

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

5. How do you define the Dental Hygiene practice model taught in your curriculum?

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

6. Were ergonomic principles taught in the curriculum? Yes No

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

7. Total number of hours of faculty-supervised clinical practice hours in Dental Hygiene: _____

8. Breakdown of hours of supervised clinical practice in Dental Hygiene in the following environment:

Direct client care in a clinical setting: _____ Oral health education: _____

Health promotion / community public health: _____ Other hours: _____

Please describe the area of practice:

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

registration@cdho.org