

## Self-Evaluation of a Restorative Dental Hygiene Program

### STEP 1. GATHER PROGRAM / COURSE INFORMATION

Please gather all course documentation and information related to the program, including:

- A program catalogue or a website link to the program from the time of study/graduation.
- All course outlines from the time of study/graduation, including a course description, detailed course content, and learning objectives, outcomes or competencies for each course.
- 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/hours/grades/marks earned for each course.
- A detailed description of preclinical/laboratory and practical experiences.
- 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.
- Report cards on external rotations in the areas of education, health promotion, hospital dentistry, public health and/or community Dental Hygiene practice.
- Detailed description of the methods of evaluation for each course (e.g., by examination, projects, weekly tests, etc.), including all direct client care evaluation criteria.
- The rating/grading scale relevant to your time of study.

#### Translations

All documentation related to the Restorative program must be submitted to CDHO in the original language of instruction. If the language of instruction was not in English or French, the documentation must also be accompanied by an official word-for-word translation in either English or French completed by a certified translator. It is your responsibility to obtain an official translation of all course documents.

A certified/official translator is authorized to officially sign and stamp translations. All translated documents need to have the seal of a certified/official translator to be considered. Any translations are subject to being audited for accuracy.

### STEP 2. COMPLETE THE SELF-EVALUATION FORM

The [self-evaluation form](#) asks you to determine whether a particular restorative competency was taught in the program, where in the course documents evidence of that competency can be found, and at what level of performance the competency was taught.

**The course documents must demonstrate that the competency was taught for CDHO to verify that you have learned what is required.**

If pages are not numbered, please number them yourself.

Based on the information provided in the course documents, determine at what level the competency was performed: Knowledge, Laboratory, Evaluation, or Direct Client Care. Use the legend at the top of the self-evaluation form to assist you.

Finally, for each of the restorative competencies listed, provide any additional notes or comments as needed in the right-hand column. For example, you might provide a specific example that shows how you mastered each competency during the course of your Dental Hygiene program.

### STEP 3. GATHER REQUIRED DOCUMENTS

#### **Proof of completion of the Restorative program**

Arrange to have the institution where you completed the Restorative program send CDHO an **official transcript or letter confirming that you completed the program requirements**. The documentation should include your full name, the name of program or course of study, and the date completed. If the documents are not in English or French, you will need to submit a certified, word-for-word translation in English or in French.

#### **Application for Specialty Certificate of Registration**

If you currently hold a General Certificate of Registration with CDHO, please apply for a Specialty Certificate of Registration. If you have never been registered with CDHO, you must first apply for a General Certificate of Registration, followed by a Specialty Certificate of Registration if your program is approved by the Registration Committee. If you have been registered as a Restorative Dental Hygienist in any jurisdiction outside of Ontario, arrange to have a [Certificate of Standing](#) sent directly to [registration@cdho.org](mailto:registration@cdho.org).

#### **Description of Restorative Dental Hygiene / Scope of Practice (if applicable)**

If you completed your Restorative Dental Hygiene education outside of Ontario, please arrange to have a **legal description of the practice of Restorative Dental Hygiene** sent directly to CDHO by the Dental Hygiene regulatory authority in the jurisdiction where you completed your Restorative program. The legal description must be submitted **even if you were never registered in that jurisdiction**. This information will help the Registration Committee understand the scope of practice that the Restorative program would have been based on.

#### **Restorative refresher course**

If you completed your Restorative program more than three years ago and you have **not** been practising as a Restorative Dental Hygienist in a recognized jurisdiction outside of Ontario, you must complete an approved restorative refresher course before applying for a Specialty Certificate. Contact [registration@cdho.org](mailto:registration@cdho.org) for a list of restorative refresher courses currently approved by CDHO.

### STEP 4. REGISTRATION COMMITTEE ASSESSMENT AND DECISION

Once the self-evaluation form and all supporting documents are submitted to CDHO, the file will be referred to the Registration Committee. Processing timelines vary and depend on the applicant's submission of requirements. The assessment process may take longer if the Committee determines that further documentation or clarification is required. If the Registration Committee determines that the program you

completed meets the requirements for a Specialty Certificate, you will be notified by email and letter that your application has been approved. The final step will be for you to pay the applicable registration fees via the Self-Service Portal.

If the Registration Committee determines that the Restorative Dental Hygiene program you completed does not meet the requirements for a Specialty Certificate, you will be notified by email and letter of the Committee's decision and reasons. If the Restorative program was not accepted because one or more of the restorative competencies was not taught, the Committee may recommend upgrading courses for you to meet the requirements. More information will be provided to you with the Committee's decision letter.

## **STEP 5. APPEALING A DECISION**

If the Registration Committee determines that the Restorative Dental Hygiene program does not meet the requirements for a Specialty Certificate, you may request a review of the Committee's decision to the Health Professions Appeal and Review Board (HPARB) within 30 days of the date of the Registration Committee's decision letter. Information about the appeal process and contact information for HPARB is provided when you are sent the Committee's decision and reasons.

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