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CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Attestation for "As of Right" Applicants

NAME OF APPLICANT:

I have applied for registration with CDHO by creating an account on the Self-Service Portal and completing the online application form.

To practise Dental Hygiene in Ontario while my application is being reviewed by CDHO**, I hereby affirm and declare the following:**

1. I am currently registered in good standing as a Dental Hygienist in Alberta
   My license/registration number is
2. I have not been refused registration by any regulatory authority in Canada in the previous two years.
3. I have never been found guilty of professional misconduct or to be incompetent or incapacitated.
4. I am not currently under investigation for professional misconduct, incompetence or incapacity.
5. I hold professional liability insurance that applies to Ontario in the amount and form required by CDHO's By-Laws.
6. I understand that I must immediately stop practising Dental Hygiene in Ontario if any of the following occur:
   - I no longer meet the criteria set out in paragraphs 1 to 5 above.
   - My application for registration with CDHO is rejected.
   - I have not been issued a Certificate of Registration by CDHO within six months of applying.
7. I understand that I may only use the title "Registered Dental Hygienist" and must comply with the Scope of Practice of Dental Hygiene in Ontario while practising in Ontario.
8. I understand that I can only provide Dental Hygiene services to patients in Ontario while I am physically present in Ontario (i.e., I cannot provide remote/telehealth services from another jurisdiction.)

SIGNATURE:

DATE: