



College of Dental Hygienists
of Saskatchewan

Continuing Education Credit Prior Approval Form

First Name: _____ **Last Name:** _____

Registrant #: _____ **Email:** _____

Course Title: _____

Presenter Name: _____

Sponsoring Institution: _____

Course Length (hours) _____ Credits Requested: _____

Date(s) of Course: _____

Please check the appropriate category:

Dental Hygiene Practice (A) _____ Practice Management (B) _____

Professional Involvement (C) _____

Please provide a summary of the course content, any knowledge/skills you expect to learn, and how this course relates to the practice of dental hygiene:

I hereby request pre-approval for this course. I understand that if approved, I must submit a supporting document in accordance with the CDHS continuing competency guidelines before credit is granted. Please submit completed prior approval forms to admin@cdhsk.ca.

Registrant Signature

Date