

Re-Application for Registration/Licensure

Re-Applications are handled on case-by-case basis. Additional information regarding your application may be required. If you have not held an active license in dental hygiene for a period of 36 months or longer, please contact the Registrar at registrar@cdhsk.ca for a list of approved refresher programs.

Submit completed application form by:
Email: admin@cdhsk.ca

Mail: College of Dental Hygienists of Saskatchewan
Unit 320 – 350 3rd Ave N, Saskatoon SK, S7K 5G7

I am applying for: REGISTRATION AND LICENSE	<input type="checkbox"/> Full Registration	OR	<input type="checkbox"/> Restricted Registration
	<input type="checkbox"/> Full License	<input type="checkbox"/> Conditional License	<input type="checkbox"/> Non-practicing License

1. Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Surname</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">First Name</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Middle Name</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Other Surnames (list all)</td> </tr> </table>	Surname	First Name	Middle Name	Other Surnames (list all)
Surname	First Name	Middle Name	Other Surnames (list all)		
2. Address:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; text-align: center;">Street</td> <td style="width: 15%; border-bottom: 1px solid black; text-align: center;">City</td> <td style="width: 15%; border-bottom: 1px solid black; text-align: center;">Province</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Postal Code</td> </tr> </table>	Street	City	Province	Postal Code
Street	City	Province	Postal Code		
3: Telephone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Home</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Work</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Mobile/Other</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Email</td> </tr> </table>	Home	Work	Mobile/Other	Email
Home	Work	Mobile/Other	Email		
4. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
5. Date of Birth:	____/____/____ (dd/mm/yyyy)				
6. Citizenship:	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident				
	Country _____ Work Permit: _____				

7. LIABILITY INSURANCE – Ensure a copy is attached with your application	
Insurance Provider: _____	Policy #: _____
Coverage Amount (\$): _____	Expiry Date: _____

8. SUMMARY OF EVENTS SINCE LAST LICENSED WITH SDHA. This information will support the review of your re-application. Events may be included: <ul style="list-style-type: none"> Licensed in another jurisdiction(s) Leave from the profession Pursuit of other opportunities Break from profession for health reasons Family or personal reasons etc.

Please be descriptive as possible:

9. ADVANCED DENTAL HYGIENE KNOWLEDGE AND SKILLS:

Since last licensed, have you successfully completed a post-graduate dental hygiene module or graduated from a program of dental hygiene that offered any of the following?

a. Administration of Local Anaesthetic

Yes

No

Date Completed: _____

Name of Institution: _____

b. Restorative Procedures

Yes

No

Date Completed: _____

Name of Institution: _____

c. Orthodontic Procedures

Yes

No

Date Completed: _____

Name of Institution: _____

10. SUMMARY OF PRACTICE HOURS

Summary of practice hours in the most recent three years. Begin with the most recent year:

Year					Total Hours
Hours					

11. GOOD CHARACTER and FITNESS TO PRACTICE

Have you ever been convicted of a criminal offence in any jurisdiction? If yes, please explain:

Yes

No

Has any registration or license entitling you to practise dental hygiene or any other health profession in any province, territory, state or country ever been limited, restricted, suspended or cancelled? If yes, please explain:

Yes

No

Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction? If yes, please explain:

Yes

No

Have you ever been denied registration or imposed conditions on your dental hygiene practice in another jurisdiction? If yes, please explain:

Yes

No

Have you ever had a finding in the nature of professional misconduct, unskilled practice, incompetency or incapacity, or a like finding made against you as a student, dental hygienist or in a health profession other than dental hygiene? If yes, please explain: Yes
 No

Do you have, or has anyone ever advised you that you have a physical, cognitive, mental and/or emotional condition which in any way may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a dental hygienist? If yes, please explain:: Yes
 No

Have you ever had, or have you ever been advised that you had, a physical, cognitive, mental and/or emotional condition which in any way, should it reoccur, may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a dental hygienist? If yes, please explain: Yes
 No

You must not begin practice in Saskatchewan until you are registered and licensed with the CDHS. If you have arranged future employment as a dental hygienist in Saskatchewan, please indicate:

Name of Employer: _____ Street Address: _____

City/Town: _____ Postal Code: _____ Business Phone: _____ Projected Start Date: _____

DECLARATION

I _____, of _____
(Print full name) (City, Town)

DO SOLEMNLY DECLARE THAT:

- I am the person applying for registration as a Registered Dental Hygienist in Saskatchewan;
- The information provided on this form and its attachment is correct, complete and true in every respect;
- I understand this declaration has the same significance as giving one under oath;
- I understand my application for registration and licensure may be refused, denied or cancelled if I have provided any inaccurate information;
- I understand that the information I have provided may be verified by the SDHA and I authorize the SDHA to seek additional information from third parties such as educational institutions, regulatory agencies, employers, or other sources as necessary in order to process my application and, I also authorize all such institutions, agencies or other sources to release such information to the SDHA;
- I understand that in order to practise dental hygiene in Saskatchewan, I am required by law to be registered and licensed with the SDHA, before I commence employment;
- If granted registration as a dental hygienist in the province of Saskatchewan, I will faithfully undertake to practice in accordance with provincial legislation, the Bylaws under The Dental Discipline Act, and established Competencies, Practice Standards, Code of Ethics and Continuing Competency Program Guidelines.