

## Application for Reinstatement to the General Register Package

### (For Dental Hygienists whose Previous General Registration with the Alberta College of Dental Hygienists was Cancelled)

This registration package is intended for dental hygienists who:

- Were previously regulated members on the General Register of the Alberta College of Dental Hygienists (the College or ACDH) or CRDHA or ADHA;
- Had their registration cancelled either by the College or by request; and
- Are applying for reinstatement to the general register.

If you have never been registered as a dental hygienist in Alberta, this is NOT the registration package for you. Please refer to our website to see which application package best applies to you. If you have any questions, please contact our office.

It is strongly recommended that all applicants read through the entire package thoroughly as it contains important information regarding requirements to apply and answers to commonly asked questions.

#### Contents of this Registration Package:

1. Information for Persons Applying for Reinstatement to the General Register (6 pages)
2. ACDH Privacy Statement (1 page)
3. Application Checklist for Reinstatement Applicants (1 page)
4. Application Form for Reinstatement to the General Register (6 pages)
5. Vulnerability and/or Check request form (1 page)
6. Verification of Certification, License, or Registration Form (2 pages)
7. ACDH Jurisprudence Examination Application Form (1 page)
8. ACDH Certification and/or Registration Statement for Jurisprudence (1 page)

#### Submitting an Application

Applications and supporting documents can be mailed to or hand delivered to:

Registration  
Alberta College of Dental Hygienists  
Suite 302, 8657 – 51 Avenue NW  
Edmonton, AB, T6E 6A8

Applicants may send choose to send their applications via registered mail. Please be aware that requesting a signature upon delivery may delay receipt of the application by the College.

Supporting documents that do not require notarization or an original signature may be emailed to [registration@acdh.ca](mailto:registration@acdh.ca).

#### Inquiries

The College would be pleased to answer any questions regarding an application for registration to practice dental hygiene in Alberta. All correspondence and inquiries should be directed to the Registration Team by phone at (780) 465-1756 or by email at [registration@acdh.ca](mailto:registration@acdh.ca).

Please note: there are blank pages inserted into this document to allow for double-sided printing.

## Information for Persons Applying for Reinstatement on the General Register of the Alberta College of Dental Hygienists

(For Dental Hygienists whose previous General Registration with the ACDH was cancelled)

**REGISTRATION IS MANDATORY - All Service Providers Must Register**

### General Registration

Regardless of a person's license status in any other province, state, or country, they must comply with the *Health Professions Act* (the "Act"), the *Health Professions Restricted Activity Regulation* (the "HPRAR"), the *Dental Hygienists Profession Regulation* (the "DHPR") and the registration process of the Alberta College of Dental Hygienists (the "College" or "ACDH") if they are to be involved in the practice of dental hygiene in the province of Alberta.

Individuals who are not currently registered with the ACDH must apply for General Registration with the College if they intend to provide one or more of the following services in the province of Alberta:

- Professional services directly to the public;
- The manufacture of dental appliances;
- The testing of the practice of dental hygiene to regulated members of the College;
- The supervision of regulated members who provide professional services directly to the public.

A person must hold General Registration and a Practice Permit, whether they intend to practice dental hygiene as an independent practitioner, a permanent or temporary employee, a contractor, or a volunteer for any portion of the year - even if it is just one day.

General Registration is for applicants who wish to engage in activities or services that involve the knowledge and practice of dental hygiene as a clinician, educator, administrator, health promoter, or researcher. A Practice Permit is issued to a person whose application for General Registration is approved and must be renewed annually.

An applicant for reinstatement may not practice dental hygiene in the province of Alberta until they have received notification that their application has been approved and they have been added to the ACDH General Register.

**This includes temporary assignments or working interviews.**

### Cancellation of Registration and Reinstatement

#### 1. Cancellation Under Section 43 of the HPA

Section 43 of the Act describes the circumstances under which a registration may be cancelled.

- Section 43(1): Failure to Renew
  - The College can cancel a registration if the registrant does not submit a renewal application or is in default of payment of fees, levies, or assessments within a specified period of time.
- Section 43(4): Failure to Meet Conditions
  - The College can cancel a registration if the registrant does not meet the conditions placed on their registration within a specified period of time.
- Section 43(5): At the Request of the Registrant
  - If a registrant specifically requests that the College cancel their registration.

- Section 43(6): In the event of a registrant's death.

Sections 43(2) and 43(3) describe what notice the College must give and if the registration may be reinstated if cancelled under 43(1).

In accordance with Section 45(1) of the Act, a regulated member whose practice permit and registration are cancelled under sections 43(1), 43(4), or 43(5) of the Act may apply for reinstatement of their registration and reissuance of their practice permit, provided the applicant has paid any outstanding fees, penalties, or levies, and meets the requirements for registration as outlined in this document.

## 2. Cancellation Under Part 4 of the HPA

In accordance with Section 45(2) of the Act, if a complaint is made against a regulated member, and after an investigation and hearing, the Hearing Tribunal makes the decision to cancel a practice permit and registration, that member may apply for reinstatement of their registration and reissuance of their practice permit. Under Section 26(2)(a) of the Regulation, an application for reinstatement in this case may not be made within 5 years of the date of cancellation. Under Section 26(2)(b), if an application for reinstatement is denied, a new application may not be made within 1 year of the date of denial.

If the decision is based in whole or in part on a finding of sexual abuse or conviction under Part V and sections of Part VIII of the *Criminal Code of Canada*, Section 45(3) of the Act states that the member may not apply for reinstatement.

Section 45(4) of the Act states that if a decision is made in whole or in part on a finding of sexual misconduct, an applicant may not apply for reinstatement within 5 years of the date of the decision. If an application in this case is refused, the member must wait a minimum of 6 months before making a subsequent application.

Section 96.2 of the Act requires that if a governing body of a similar profession in Canada, the United States, or another jurisdiction determines that the conduct of a regulated member constitutes unprofessional conduct, the Registrar must cancel their registration and practice permit if the decision was based on sexual abuse, or suspend the registration and practice permit if the decision was based on sexual misconduct.

## 3. Practising Without a Valid Practice Permit and Registration

Under sections 43(2) and 43(3), if a formerly regulated member is found to be practicing dental hygiene without a valid practice permit and registration, the Registrar may request in writing that the member apply for registration. The member then must submit an application for reinstatement and pay the application fee within 30 days of receiving the request.

The bill to restore the individual's membership is also determined by the reasons above and the reason the registration and practice permit were originally cancelled. However, based on a review of their application and case by the Registrar or Registration Committee, the applicant may be required to pay additional fees, penalties, or levies. These can include the full practice fee for a membership year or portion of a membership year that the applicant practiced without registration.

## Starting the Registration Process

It is strongly recommended that the registration process is started well in advance of any pre-arranged employment. The College works to process applications as quickly and efficiently as possible, however there are factors that can impact the time it takes to process an application for registration. These factors include the time of year an application is made, what, if any documentation is missing from the application, or if there are additional assessments needed to make a decision on the application.

## General Requirements

### 1. Application Forms, Fees, and Process

An application for reinstatement must be made on the current and required form. All applications will be reviewed on an individual basis. No application will take priority over another.

Fees listed on the reinstatement application form must be paid in Canadian funds by 2 separate certified cheques, bank drafts, or money orders made payable to the ACDH: one for the non-refundable application

fee, and one for the registration fee. **Personal cheques will not be accepted.** Fees must be included with an application for reinstatement. The application fee is non-refundable.

The application process starts when a completed, signed application form is received by the College. All supporting documentation should be received by the College within six (6) months of receipt of the application form. An application will not be considered complete until all required information, documentation, and fees are received, and reviewed by the College, and all required qualification and competence assessments have been completed. The College may verify any documentation provided and additional supporting documentation may be requested at any stage during the application or review process.

The review process generally takes four to six (4-6) weeks **after an application is made complete** but may take longer if additional information is required to make a decision or if an application is received between August and November, which is the College's annual renewal period.

Applications received after September 30 will automatically be put forward for consideration in the beginning of the next permit year (November 1 to October 31).

The process used by the College to assess each application is as follows:

1. A completed, signed, and **notarized** application form is received by the College.
2. An email is sent from the College to the applicant confirming receipt of the application form and fees.
3. The College starts an initial review.
4. An email is sent from the College to the applicant advising them that the initial review has been completed and if the application is not complete the email will list the items that are outstanding.
5. The College provides ongoing information to assess the Jurisprudence Exam date by email if necessary.
  - *The College process is on hold until the required documentation is received, including evidence of successful completion of the Jurisprudence Exam.*
6. The College is notified by the testing platform that the applicant has passed the jurisprudence exam.
7. An email is sent from the College to the applicant notifying them that their application is complete and in the final review stage.
8. If the final review identifies additional information is required, an email is sent from the College to the applicant listing the items that are requested.
  - *The College process is on hold until the requested documentation is received.*
9. The Registrar or their delegate reviews the application and supporting document and makes a decision.
10. An email is sent from the College to the applicant notifying them of the Registrar's decision.

The Registrar may approve an application, with or without conditions; defer registration; or refuse the application for registration. In each case, the College is guided by an assessment of what is in the best interest of the public.

A notarized copy is one which is certified as *true copy* of the original by a lawyer, judge, MLA or other individual designated as a Notary Public. A Notary Public must sign, stamp, and seal notarized documents.

**A Commissioner of Oaths cannot notarize documents.**

## 2. ACDH Continuing Competence Program Requirements

Within the **three years immediately preceding** the date a completed application for reinstatement is received by the College, applicants for reinstatement must provide evidence of meeting the same continuing competence program requirements as a registrant on the General Register under section 3(2)(b) of the DHPR. These requirements are:

- **600 hours** of practice as a dental hygienist, as outlined in section 5 of the [Registration and Practice Permit Renewal Policy](#). This history is to be listed in the application form under Employment History,

and supported by a signed letter from the applicant's employer or copies of Records of Employment (ROEs) for each entry listed; **and**

- *45 credits (hours)* of professional development as a dental hygienist, listed on the provided attachment and supported by relevant course information and completion documentation.

If an applicant meets the practice hour requirement but does not meet the professional development credits, they will be required to do one of the following:

- Engage in further learning activities until they meet the 45-credit requirement; or
- Successfully complete the National Dental Hygiene Certification Exam (NDHCE).

If an applicant does not meet the practice hour requirements, regardless of whether they meet the professional development requirements, they will be required to provide evidence of successful completion of a Council-approved dental hygiene refresher course or remedial education course. The course must include didactic and clinical components and be completed no longer than 12 months prior to application for reinstatement.

Applicants who have not practiced in 3 to 5 years will need to successfully complete a 5-day dental hygiene education refresher course. Applicants who have not practiced in 5 or more years will need to successfully complete a 10-day dental hygiene education refresher course.

If an applicant is reinstated within 12 months of their registration being cancelled, they will keep the same reporting period. They will be reinstated more than 12 months after their registration was cancelled, they will be assigned a new reporting period starting the November 1st of their reinstatement is approved.

### 3. Jurisprudence Examination

The ACDH Jurisprudence Examination is comprised of a series of learning modules and exams and is only available in English. The exam is designed to test the applicant's knowledge of the legislation, Code of Ethics, Standards of Practice and Guidelines, and other regulatory documents that govern the practice of dental hygiene in the province of Alberta. Dental hygienists must be familiar with and comply with provincial legislation and the College's regulatory documents in order to do so. As a result, being subject to disciplinary action under any of the DHPs, a applicant for registration must have successfully completed the ACL Jurisprudence Examination **within the 3 years** prior to the date the application is made complete.

The learning modules and exams are located on the College's secure learning management system and contain the required instructions and resources. The modules and exams are open book and can be completed at an applicant's convenience.

Applicants must complete the form requesting access to the exam and authorizing the College to use the personal information provided to the learning management system to manage the modules and the applicant's completion of the exam.

### 4. Good Character and Fitness to Practice

Section 28 of the Act requires applicants to provide written evidence of having good character and reputation. Applicants must provide evidence of having good character and reputation by:

- Answering all questions related to previous or current registration and/or applications for registration, unprofessional conduct processes, disciplinary action, and criminal offences;
- Listing jurisdictions in which they are currently or were previously certified, licensed or registered to practice dental hygiene or any regulated health profession; and having each regulatory authority complete the Verification of Registration Form and mail it directly to the College;
- Answering all questions related to good character and fitness to practice; and
- Providing any other relevant evidence requested by the Registrar or Registration Committee.

#### a. Verification of Registration

If an applicant is or was certified, licensed, or registered to practice any regulated health profession, the applicant must complete Section A of the [Verification of Registration form](#). A copy of the entire verification form (sections A and B) must be sent to each regulatory authority where the applicant is currently or was



previously certified, licensed, or registered. Section B must be completed by the regulatory authority and sent directly to the College **no longer than 6 months prior** to the date the application is made complete.

If a Verification of Registration is returned with a finding of unprofessional conduct based on sexual misconduct or abuse, a full disclosure will be requested from the applicant and the regulatory authority and the application may be referred to the Registration Committee for decision.

## b. Vulnerable Sector Checks

All applicants must provide a vulnerable sector check issued within 1 year prior to the date the application is made complete. A basic criminal record check will not be accepted. The vulnerable sector check can only be conducted by the local police service (or RCMP detachment if there is no local police service). Some police services require a letter from the College to process the request. There is a link to a standard letter available in the application package for this purpose. If a police service requests an Agency Code, please contact the College. The College will accept an original document in a sealed envelope, a **notarized** copy, or an electronic version sent directly from the local police service to the College.

## c. Protecting Patients from Sexual Abuse and Misconduct

Under section 135.7(2) of the Act, all regulated health professionals in Alberta must successfully complete training on preventing and addressing sexual abuse and sexual misconduct towards clients.

Applicants for Registration with the College are required to complete the e-learning course "Protecting Patients from Sexual Abuse and Misconduct". This interactive e-learning course was developed by the Alberta Federation of Regulated Health Professions (AFRHP) and is available on the AFRHP website here: [afrhp.org/protecting-patients/](http://afrhp.org/protecting-patients/)

The course consists of three modules that will inform the applicants of the signs and symptoms of sexual abuse, recognize and respond to sexual abuse and sexual misconduct. Please note that the course must be completed in one sitting. Applicants are urged to complete the course in one sitting to avoid the need to return at a different time to finish the content. Once the course has been completed, the program will generate a "Certificate of Completion", which must be submitted with an application for registration.

*Please note that this course includes scenarios depicting sexual abuse and misconduct that may be disturbing or triggering to some viewers. If you have concerns please speak in confidence to the College Registration Lead.*

## 5. Professional Liability Insurance

Section 10 of the AHPRA Act requires that applicants provide evidence of having professional liability insurance. The College requires all persons on the General register to have insurance that meets the minimum standard as approved by Council.

Applicants are strongly advised to review section 2 of the [Registration and Practice Permit Renewal Policy](#) found on the Policies page of the ACDH website prior to submitting their application to ensure they have met the requirements. Insurance that does not meet the requirements is not acceptable.

Applicants must upload a copy of a valid insurance certificate showing the minimum requirements. Receipts or membership cards are not acceptable as evidence of insurance. Enhanced insurance options may be of particular interest to registrants who perform advanced restricted activities procedures (local anaesthesia, nitrous oxide/oxygen conscious sedation, restorative procedures, orthodontic procedures, etc.)

## 6. CPR Certification

Section 9 of the DHPR requires that applicants provide evidence of current CPR certification. Applicants must provide evidence of having successfully completed a CPR course at the level approved by Council. CPR certification training must include theoretical instruction and assessment and an in-person, hands-on component for skills practice and evaluation.

Applicants are strongly advised to review section 2 of the [Registration and Practice Permit Renewal Policy](#) found on the Policies page of the ACDH website prior to submitting their application to ensure they have met the requirements. CPR that does not meet the requirements is not acceptable.

The course must be completed no longer than 12 months prior to the date the application is made complete. Applicants must include a completed CPR Certification Declaration Statement for Instructors along with a copy of their current CPR wallet card/certificate as evidence of holding CPR certification at the required level.

## 7. Competence to Practice Advanced Restricted Activities

Sections 8 and 9 of the HPRAR identify “restricted activities” that dental hygienists are authorized to practice. As these restricted activities involve a significant degree of risk to the public, they can only be performed by individuals with specific competencies. Competencies related to many of the restricted activities authorized in the Regulation are taught in the basic curriculum of accredited dental hygiene educational programs (e.g., scaling, root planing, exposing radiographs).

Competencies related to the following restricted activities, which are included in Alberta dental hygienists’ scope of practice, are not inclusive in all dental hygiene educational programs:

- Prescribing and administering local anaesthesia by injection;
- Prescribing and administering nitrous oxide/oxygen for the purpose of conscious sedation;
- Restorative procedures of a permanent nature in collaboration with a dentist;
- Orthodontic procedures including preliminary fitting of appliances in collaboration with a dentist;

Prescribing and administering periodontal appliances in collaboration with a dentist;

Prescribing the Schedule I Drugs listed in the HPRAR.

Applicants for registration are not required to demonstrate competence in the restricted activities listed as (a) to (f) for the purpose of initial registration.

Upon the registration application form, an applicant identifies that they have completed formal classroom and clinical education that includes one or more of the restricted activities listed as (a) to (f) above, a separate application for authorization to perform the restricted activity must be submitted to the College **within 6 months of completing their education**, or with appropriate evidence of currency.

The [Available Restricted Activities](#) page can be found on the Advanced Restricted Activities page on the CDH website. The application form is available through the Registrant Portal after the application for reinstatement is approved.

At any time while registered, a registrant may successfully complete a Council-approved course related to performing one of the restricted activities listed above to re-open and may apply for authorization to perform the activity. The application form and all required supporting documents must be submitted for review **within 6 months of completing their education**.

**No applicant may perform an advanced restricted activity until the applicant has received notification that the application for authorization to perform that advanced restricted activity has been approved.**

## 8. Submitting an Application

Applications and supporting documents can be mailed to or hand delivered to:

### Registration

Alberta College of Dental Hygienists  
Suite 302, 8657 – 51 Avenue NW  
Edmonton, AB, T6E 6A8

Applicants may choose to send their applications via registered mail. Please be aware that requesting a signature upon delivery may delay receipt.

Supporting documents that do not require notarization or original signature may be emailed to [registration@acdh.ca](mailto:registration@acdh.ca).

## 9. Inquiries

The College would be pleased to answer any questions regarding an application for reinstatement. All correspondence and inquiries should be directed to the Registration Team by phone at (780) 465-1756 or by email at [registration@acdh.ca](mailto:registration@acdh.ca).

## Privacy Statement

The Alberta College of Dental Hygienists (ACDH or the College) considers your privacy to be of utmost importance and is committed to maintaining the privacy of registrants and applicants for registration.

### Collection of Your Personal Information by the College

The College is required to obtain information from you to comply with legal requirements of the *Health Professions Act* (the “HPA”) and the College Bylaws.

#### 1. Section 33(3) of the HPA

Under section 33(3) of the HPA, the College is required to maintain a Register of individuals on the General or Courtesy Registers (the “Regulated Registers”). This section requires the College to collect and maintain the following information for each registrant on the Regulated Registers:

- if they have been authorized to practice any advanced restricted activity,
- if any restrictions or conditions have been placed on their practice permit, and
- the status of their practice permit, including suspensions or cancellations.

Section 33(3) of the HPA requires that the information collected under 33 must be made available to members of the public. The College does this through the Verify a Dental Hygienist section of the College website.

#### 2. Section 23(1)(b) of the HPA

Individuals applying for registration and registrants on the Regulated Registers, and individuals on the Non-Regulated Register are required to provide and keep updated the following specific personal and demographic information:

- Personal information including:
  - full legal name and any previous legal names
  - gender
  - date of birth
  - contact information (home address, phone number, and email address)
- Academic and practical training information including:
  - qualifications
  - name of the institution
  - date of graduation
- Current and historical employment information including:
  - place of employment
  - employment type (i.e. clinical, administrative, education, research)
  - employer’s name, and employer contact information
- Practice information including:
  - number of practice hours as a dental hygienist for the previous year;
  - area of practice and specialties;
  - any languages other than English in which the member can provide professional services
  - any jurisdictions other than Alberta where the member is registered to practice dental



hygiene or another regulated health profession

### 3. Section 14(1) of the ACDH Bylaws

Section 14(1) of the ACDH Bylaws limits the information that can be collected for individuals on the Non-Practicing Register to the following:

- Personal information including:
  - full legal name and any previous legal names
  - gender
  - date of birth
  - contact information (home address, cell phone number, and email address)
- Academic and practical training information including:
  - qualifications
  - name of the institution
  - date of graduation
- Historical employment information including:
  - place of employment
  - employment type (i.e. clinical, administrative, educational, research)
  - employer name, and employer contact information
- Practice information including:
  - any languages other than English in which the member can provide professional services
  - any jurisdiction other than Alberta where the member is registered to practice dental hygiene or in a regulated health profession

Other information may be requested and provided by the individual with their consent.

### Use and Disclosure of Your Personal Information by the College

Information collected under section 14(1) of the PIPA in section 14(1) of the Bylaws is relevant to the college's registration processes and operational activities. The College keeps this information in the strictest confidence and does not make it available to the public except for the purposes set out below.

### 4. Mandatory Use and Disclosure

The College will use information provided by or on behalf of applicants for registration and the College's regulated registrants as authorized by the *Personal Information Protection Act* (PIPA) and for the following purposes:

- to manage and conduct the business and affairs of the college in accordance with the HPA, Regulation, Bylaws and policies;
- to provide the regulatory services requested by you;
- to release information for purposes of a letter of good standing to another regulatory authority;
- to release information for the purposes of interprovincial trade agreements and memorandums of understanding between Canadian dental hygiene regulatory authorities;
- to release information that is necessary to satisfy any law, regulation or request from the Minister;
- to publish the list of names of regulated and cancelled registrants in order that the public, employers and other health care providers can confirm the registration status of dental hygiene service providers;
- to release information that is necessary for participation as a recognized provider of dental hygiene services under government funded dental health programs (e.g. Alberta Blue Cross, Alberta Dental Services Corporation, Non-Insured Health Benefits Program);
- to release information to the Government of Alberta for the purpose of establishing dental hygiene workforce records within the Alberta Provider Directory, a comprehensive health workforce planning tool and a source of identifying unique providers in a new Electronic Health Record

system;

- to release information for purposes of meeting provincial and federal government requirements; and
- to publish information as required by an order of any Tribunal or Committee in accordance with the Act, the Regulation and/or the Bylaws.

The information of individuals listed on the Non-Practicing Register is used and disclosed in a manner consistent with the above.

## 5. Use of Service Providers outside Canada

Most of the College's service providers are located in Canada. However, from time to time, the College also uses service providers located in the USA. The College evaluates the capabilities, practices, safeguards and trustworthiness of potential service providers outside Canada prior to their engagement. The College takes reasonable steps to protect registrant information handled by a service provider who is engaged by the College, usually by way of a contract for services which contains appropriate safeguards.

American service providers used by the College (e.g. Constant Contact) are permitted to collect and/or use your personal information for the following purposes:

- to assist the College in sending and managing electronic and/or other communications to registrants who are College registrants, for renewal requirements and regulatory information, if a request to register and/or renew is received.

- to assist the College in sending and managing electronic and/or other communications to registrants and others about events such as conferences, workshops and continuing education opportunities, or about College activities and other information of interest to registrants.

### Contacting the College

The College provides applicants for registration, registrants on the Regulated Registers, and individuals on the Non-Regulated Register with access to their own personal information as held by the College through the Applicant or Registrant Portals. Any required changes can be requested by completing and submitting one of the forms included in the Portals.

If you do not have access to the Applicant or Registrant Portals and would like to request a change to your personal information, you can contact the College in the following ways:

**By Mail:** Alberta College of Dental Hygienists  
Suite 302, 8657- 51 Avenue N.W.  
Edmonton AB T6E 6A8

**By Phone:** 780-465-1756

**By Email:** [info@acdh.ca](mailto:info@acdh.ca)

# FORM



## Application Checklist (For Dental Hygienists whose previous General Registration with the ACDH was cancelled)

To avoid delays in processing your application, please use the following checklist to ensure that you have included all the necessary documentation before mailing your *Application for Reinstatement* form to the Alberta College of Dental Hygienists (the College or ACDH). The College will review and may verify any documentation provided as part of an application for reinstatement.

Complete **all** sections of the application form. **Print** in ink. If a section is not relevant to your situation, write "N/A" in the space.

**All notarized documents must include an original stamp, seal and signature of the Notary Public.**  
**Photocopies or electronic copies of these documents will not be accepted.**  
**Please see the Reinstatement of Registration Policy for information about each requirement.**

### General Requirements

Have you:

- ☐ Completed all sections of the Application form?
- ☐ Signed and dated the Statutory Declaration on the Application form?
- ☐ Had your Statutory Declaration **notarized**?
- ☐ Enclosed the appropriate fees in the form of two certified cheques or money orders made payable to ACDH?
  - One **certified** cheque or money order for the non-refundable application fee
  - One **certified** cheque or money order for the registration fee

### Documentation to be Submitted Directly to the College

Have you requested that the applicable following documentation be submitted directly to the College?

- ☐ A Fulfillment Statement has been completed within 1 year from the date it is received by the College.
- ☐ [Certification / Registration / Certification](#) from the regulatory college in the jurisdiction where you are or have been registered / certified / licensed as a dental hygienist or as any other regulated professional, dated within 6 months from the date it is received by the College.

### Additional Required Documentation

Have you enclosed the following documentation?

Evidence of meeting the ACDH Continuing Competence Program requirements within the 3 years immediately preceding the completion of your application for reinstatement:

- ☐ Documents supporting the employment history listed on the application form **OR** ☐ Evidence of completion of a Council approved continuing education course
- ☐ Supporting documents for the continuing competence program courses listed on the Personal Record of Professional Development activities form.
- ☐ Completion certificate for the e-Learning course [Protecting Patients from Sexual Abuse and Misconduct](#) (if necessary)
- ☐ ACDH Jurisprudence Examination Application form (if necessary)
- ☐ Evidence of [professional liability insurance](#) (copy of liability certificate only)
- ☐ A copy of current CPR certification at the [required level](#)
- ☐ [CPR Certification Declaration Statement for Instructors form](#)

### Advanced Restricted Activities

If you would like to apply for entry onto the Advanced Restricted Activities roster, please read the [Advanced Restricted Activities Policy](#) and submit the online application form, which you will have access to after your registration is approved. This separate application must be submitted to the College **within 6 months of completing your education**, or with the appropriate evidence of currency.

A notarized copy is one which is certified as a true copy of the original by a lawyer, judge, MLA or other individual designated as a Notary Public. A Notary Public must sign, stamp and seal notarized documents.

**A Commissioner of Oaths cannot notarize documents.**

**PAPER APPLICATIONS  
NO LONGER ACCEPTED  
VISIT [ACDH.CA](http://ACDH.CA) FOR  
ONLINE APPLICATION  
FORM**

**APPLICATION FOR REINSTATEMENT ON THE GENERAL REGISTER OF THE ALBERTA COLLEGE OF DENTAL HYGIENISTS (ACDH)**

**(For Dental Hygienists who were previously registered with the ACDH)**

**ELIGIBILITY**

Persons whose previous ACDH registration was cancelled may apply for reinstatement on the General Register, provided they have paid any outstanding fees, penalties, or levies, and meet the requirements for reinstatement as outlined in the Reinstatement Application Policy. Cancelled members must not return to practice until they have been notified that their application for reinstatement on the General Register has been approved and a Practice Permit has been issued by the ACDH.

**PERSONAL INFORMATION**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
 Other Surnames (if applicable) \_\_\_\_\_ Birth Date (DD-MM-YYYY) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
 Current Number \_\_\_\_\_ Secretariat Number \_\_\_\_\_  
 ( ) ( ) ☐ Female ☐ Male  
☐ Prefer to Self-Identify

Initial ACDH Registration Date \_\_\_\_\_ ACDH Registration Number \_\_\_\_\_

**FOR OFFICE USE ONLY**

Most Recent Reporting Period: \_\_\_\_\_ Date of Cancellation: \_\_\_\_\_

**Reason for Cancellation:**

- |   |   |
|---|---|
| <input type="checkbox"/> S. 43(1): Failure to Renew   | <input type="checkbox"/> S. 43(4): Failure to Meet Conditions                                   |
| <input type="checkbox"/> S. 43(5): By Registrant Request  |   |
| <input type="checkbox"/> Part 4: Professional Conduct<br>(minimum 5 years from cancellation)    | <input type="checkbox"/> S. 96.2: Misconduct in another jurisdiction                            |
| <input type="checkbox"/> Decision based on sexual misconduct<br>(minimum 5 years from decision) | <input type="checkbox"/> Decision based on sexual abuse<br><b>(Reinstatement not permitted)</b> |
| <input type="checkbox"/> Applicant was practicing without permit                                |   |

## RESTRICTED ACTIVITIES KNOWLEDGE AND SKILLS

You *may* be eligible for entry on the Advanced Restricted Activities Roster. If your dental hygiene program included didactic and clinical experience in the following restricted activity areas or if you have completed formal educational courses in these practice areas since graduation, please indicate in the table below.

Authorization for Advanced Restricted Activities is not automatically reinstated along with your registration and Practice Permit. You must reapply separately following the Advanced Restricted Activities Policy. The policy can be found on the [ACDH website](https://acdhs.ca). An application can be submitted through the Registrant Portal after your application for reinstatement has been approved. If you would like to submit an application prior to approval, please contact the College.

- |  |  |
|--|--|
| <input type="checkbox"/> Administration of Local Anaesthesia | <input type="checkbox"/> Administration of Nitrous Oxide/Oxygen Sedation |
| <input type="checkbox"/> Orthodontic Procedures              | <input type="checkbox"/> Restorative Procedures of a Permanent Nature    |
| <input type="checkbox"/> Prescribing Schedule 1 Drugs        |  |

## SUMMARY OF OTHER POST-SECONDARY DIPLOMAS OR DEGREES

Credentialed	Name & City of Accredited Institution	Graduation Year	Surname on Accredited

## OTHER HEALTH CARE PROFESSION REGISTRATION / LICENSES (not ACDH)

In addition to any dental hygiene regulatory authority you are currently registered with, if you were previously registered or licensed to practice dental hygiene or any other regulated health profession, list the regulatory body or bodies and jurisdiction(s) below.

Name of Regulatory Body	Province/State/Country	Registration/License #	Expiry Date



## EMPLOYMENT HISTORY

List dental hygiene employment for the last three (3) years, starting with the most recent employer. If more space is needed, please attach a separate page. You must provide supporting evidence of this information in the form of a signed letter from employer(s) stating the place of employment, name of the employer, start and end date of employment and the total number of hours worked. You may also provide a Record of Employment (ROE) stating the same.

Employed from: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

Name of Employer

Business phone

Total no. of practice hours worked

Street Address

City, Province

Postal Code

Employed from: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

Name of Employer

Business phone

Total no. of practice hours worked

Street Address

City, Province

Postal Code

Employed from: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

Name of Employer

Business phone

Total no. of practice hours worked

Street Address

City, Province

Postal Code

Employed from: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

Name of Employer

Business phone

Total no. of practice hours worked

Street Address

City, Province

Postal Code

Employed from: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ to mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

Name of Employer

Business phone

Total no. of practice hours worked

Street Address

City, Province

Postal Code

Summary of all practice hours worked in the last three years. Begin with the most recent hours.

Year					Total Hours
Hours					

PROFESSIONAL DEVELOPMENT
Please complete page 6 of this document, the Personal Record of Professional Development Activities page, and enclose with this application. You must provide supporting evidence of the activities listed.

PROFESSIONAL DEVELOPMENT
Please complete page 6 of this document, the Personal Record of Professional Development Activities page, and enclose with this application. You must provide supporting evidence of the activities listed.

[illegible]

- [illegible]

[illegible][illegible]

**STATUTORY DECLARATION**

I, \_\_\_\_\_ (full name), of \_\_\_\_\_ (city/town) in the \_\_\_\_\_

Province/State of \_\_\_\_\_ **DO SOLEMNLY DECLARE THAT** I am the person making application for reinstatement on the Regulated Members Register of the Alberta College of Dental Hygienists (ACDH) and that the information provided on this form and its attachments is complete and true in every respect and I understand that my application for reinstatement to the Regulated Members Register may be refused or cancelled if I have provided any inaccurate information or I do not meet the requirements for reinstatement. I understand that in order to practice dental hygiene in Alberta, I am required by law to be a General member on the Regulated Members Register and hold a current Practice Permit with the ACDH before I commence employment.

I understand that the information I have provided may be verified by the ACDH and I authorize the ACDH 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 for reinstatement; and I also authorize such institutions, agencies, or employers to release such information to the ACDH and for the ACDH to use this information for any and all purposes.

Declarant's Signature: \_\_\_\_\_

Declared before me \_\_\_\_\_ in the Province/State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ in and for the Province/State of \_\_\_\_\_

Signature of Notary Public

**PAYMENT OF FEES**

Please enclose 2 separate cheques, bank drafts or money orders made payable to ACDH: one for the non-refundable Application Fee (to be deposited on receipt of your application), and one for the Registration Fee (to be deposited on approval of registration).

	<b>Non-Refundable Application Fee</b>	<b>FEE</b>
<input type="checkbox"/>	Application Fee (to be deposited on receipt of application)	\$350.00
	<b>Certified cheque, bank draft, or money order enclosed in the amount of:</b>	<b>\$</b>

	<b>General Registration Fee - Includes Practice Permit</b>	<b>FEE</b>
<input type="checkbox"/>	General Registration	\$599.00
	<b>Certified cheque, bank draft, or money order enclosed in the amount of:</b>	<b>\$</b>

**FOR OFFICE USE ONLY**

Approved by:	College ID #:	Registration Date:	Registration Year:	Reporting Period:

## Personal Record of Professional Development Activities

### Summary for the last three (3) years

Please submit this form (or a copy of your current licensing body's continuing education transcript) with your application for reinstatement. This page may be photocopied as needed. You must provide evidence of these activities, either by mail or by email to [registration@acdh.ca](mailto:registration@acdh.ca).

[illegible]

April 5, 2023

Law Enforcement Services

**Re: Request for Vulnerable Sector Check**

The individual requesting a vulnerable check through your agency is applying for registration on the General Register or Courtesy Register of the Alberta College of Dental Hygienists (ACDH). Under Alberta's Health Professions Act, a person must hold General or Courtesy registration and a practice permit if they intend to practice dental hygiene in Alberta for any portion of the year.

Providing dental hygiene services requires the skill, competence, and professional conduct of the dental hygienist as well as a level of trust on the part of the patient and the public. Dental hygienists in Alberta routinely provide services to seniors, children, or other vulnerable persons.

Given that the College's primary responsibility is public safety in all practice settings, the ACDH Council passed a motion on December 10, 2021, to require a vulnerable sector check as part of the registration application process. This is now an application requirement for registration on the General or Courtesy Registers.

Any questions regarding this registration requirement can be directed to [registration@acdh.ca](mailto:registration@acdh.ca) or 780-465-1756, ext. 2.

Thank you,



Amie Dowell, MPH  
Registrar & CEO

**FORM**

**PAPER APPLICATIONS  
NO LONGER ACCEPTED  
VISIT [ACDH.CA](http://ACDH.CA) FOR  
ONLINE APPLICATION  
FORM**



## VERIFICATION OF CERTIFICATION, LICENSE, OR REGISTRATION

This form may be photocopied to send to multiple regulatory bodies.

### SECTION A

To be completed by applicant and forwarded with Section B to each jurisdiction where you are or have been certified, licensed, or registered as a dental hygienist or any other regulated health profession.

Surname

Given Names

Other Surnames Names (if applicable)

Birth Date (DD-MM-YYYY)

Street Address

City

Province/State

Postal Code

Email

First Name  
( )

Second Name  
( )

Graduated from

In City/Province/Country

Graduation date (month/day/year)

I was certified/licensed / registered in your jurisdiction

Member

I authorize \_\_\_\_\_ to provide the information requested in Section B  
Name of Regulatory/Licensing Body

of this form and any additional information requested by the Alberta College of Dental Hygienists (ACDH) in order to process my application for registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPER APPLICATIONS  
NO LONGER ACCEPTED  
VISIT ACDH.CA FOR  
ONLINE APPLICATION  
FORM**

**SECTION B**

To be completed by the jurisdictional regulatory body and forwarded directly to the ACDH.

Please provide the following registration information as authorized by an applicant for registration with the ACDH. Information provided is held in confidence.

Profession: <input type="checkbox"/> Dental Hygienist	Profession: <input type="checkbox"/> Other Regulated Health Profession Professional Title:
DH Certificate / License / Registration #:	Certificate / License / Registration #:
Initial DH Registration Date:	Initial Registration Date:
Expiry Date:	Expiry Date:
DH Certificate, License Registration Status: <input type="checkbox"/> active <input type="checkbox"/> conditional <input type="checkbox"/> temporary <input type="checkbox"/> inactive <input type="checkbox"/> other (explain in _____)	Other Profession Certificate, License Registration Status: <input type="checkbox"/> active <input type="checkbox"/> conditional <input type="checkbox"/> temporary <input type="checkbox"/> inactive <input type="checkbox"/> other (explain in _____)
Has this person's license, registration or permit ever been denied, cancelled, suspended, approved with conditions or otherwise limited or restricted in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person's license, registration or permit currently denied, cancelled, suspended, approved with conditions or otherwise limited, restricted or under review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person currently under investigation or involved in proceedings for conduct in the nature of professional misconduct, incompetency or incapacity, or any other investigation or proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to one or more of the preceding four questions above is "Yes", please provide further information.</b>	
The following two questions should be completed by dental hygiene regulatory bodies ONLY.	
Has this person provided you with evidence of graduation (e.g., diploma or transcript) from the DH program listed in Section A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this person provided you with evidence of holding NDHCB Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes, please provide: NDHCB #: _____ Effective Date: _____ If "No" explain why not:	
(SEAL)	Signature:
	Print Name:
	Title:
	Name of Regulatory / Certification / Print Name: Licensing Body:
	Province / State/ Country:
	Date:

## ACDH JURISPRUDENCE EXAMINATION APPLICATION FORM

### Examination Information

Under the *Health Professions Act* and in accordance with the Dental Hygienists Profession Regulation, all applicants for registration on the Alberta College of Dental Hygienists (ACDH) General or Courtesy Registers must successfully complete the ACDH Jurisprudence Examination.

The ACDH Jurisprudence Examination is comprised of a series of learning modules and exams and is only available in English. The exams are designed to test the applicant's knowledge of the legislation, Code of Ethics, Standards of Practice and Guidelines, and other regulatory documents that govern the practice of dental hygiene in the province of Alberta. Dental hygienists must be familiar with and comply with provincial legislation and the College's regulatory documents. Failure to do so may result in being subject to disciplinary action.

The learning modules and examinations are located on the College's secure learning management system. The online learning modules and exams contain all required instructions, resources, reference materials, and can be completed at your convenience.

Once you have completed this form, email it to the College at [registration@acdh.ca](mailto:registration@acdh.ca). You will then be provided with an access code and link to create an account for the ACDH Jurisprudence Examination.

### Request to Take the Examination

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Email \_\_\_\_\_

### Statement of Understanding

I understand that the learning module content and exam questions are the property of the ACDH and that unauthorized disclosure of this content is prohibited. I agree to maintain the confidentiality of the learning modules and exam questions.

By accessing the ACDH Moodle platform, I give explicit permission for the ACDH to use the personal information provided on this application form and any information provided to the learning management system in order to manage the modules and exams and to verify my completion of the ACDH Jurisprudence Examination.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Unique Access Code	Date Access Code Sent	Date Exam Completed

**PAPER APPLICATIONS  
NO LONGER ACCEPTED  
VISIT [ACDH.CA](http://ACDH.CA) FOR  
ONLINE APPLICATION  
FORM**

## CPR Certification Declaration Statement for Instructors

This declaration statement is for the following named applicant: \_\_\_\_\_

Applicants for General or Courtesy Membership or annual renewal of a Practice Permit must provide evidence of having successfully completed a cardiopulmonary resuscitation course for health care providers at the level [approved by Council](#). CPR certification training must include:

- theory instruction and assessment; and
- hands-on component for skills practice and evaluation.

Certification must include, at a minimum, the following competencies:

- one- and two-person rescuer chest compressions for adults, children, and infants;
- one- and two-person rescuer adult, child, and infant bag-valve mask technique;
- rescue breathing for adults, children and infants;
- relief of choking in adults, children, and infants; and
- use of an automated external defibrillator.

The course must be delivered in accordance with the recommendations of the International Liaison Committee on Resuscitation (ILCOR) and completed no longer than 12 months prior to issuance of ACDH registration or practice permit renewal.

Please complete the checklist below to confirm that the following requirements were included in the CPR course delivered to the above-named applicant. The signed and dated Declaration Statement may be returned to the ACDH office in person or by mail or email at the addresses above.

Did CPR course include:

- ☐ one- and two-person rescuer chest compressions for adults, children, and infants
- ☐ one- and two-person rescue adult, child, and infant bag-valve mask technique
- ☐ rescue breathing for adults, children and infants
- ☐ relief of choking in adults, children, and infants
- ☐ use of an automated external defibrillator

I, \_\_\_\_\_, CPR instructor, certify that the information provided on this form is complete and true, and knowing that is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". I understand that making a false statement on this application could result in the rejection of the above-named individual's application for a practice permit.

### Instructor Contact Information

Instructor Registration #:

Phone Number: (      )

Email or postal address:

Signature:

Date: