

APPLICATION FOR ADVANCED RESTRICTED ACTIVITIES AUTHORIZATION and Entry onto the Roster(s)

Before completing this application form, please ensure that you have read the current ACDH Advanced Restricted Activities Policy in detail. The policy identifies the specific Advanced Restricted activities as outlined in legislation. It also provides eligibility, education, and application requirements, including information related to each Advanced Restricted Activity, and describes the application process.

Incomplete applications will not be processed until all required information has been received by the College. Applications left incomplete for 90 days will be closed.

Applicants must complete ALL sections of this form and provide appropriate documentation specific to the Roster(s) selected in Section 1. The College may request additional verification of education and currency, or any other documentation deemed necessary.

Applications must be received by the College **within 6 months of course completion** or include evidence of currency of practice.

All applicants for Advanced Restricted Activities must ensure that their CPR certification on file with the College has been issued within the last 12 months. If not, the application will be denied.

Section 1: Advanced Restricted Activities Rosters

Please clearly select which of the following current Advanced Restricted Activities Roster(s) you are applying for.	
<input type="checkbox"/>	Authorization to administer Local Anaesthesia
<input type="checkbox"/>	Authorization to Prescribe and Administer Nitrous Oxide/Oxygen Conscious Sedation
<input type="checkbox"/>	Authorization to Perform Restorative Procedures of a Permanent Nature
<input type="checkbox"/>	Authorization to Perform Orthodontic Procedures
<input type="checkbox"/>	Authorization to Prescribe the Schedule 1 Drugs listed in the Dental Hygienists Profession Regulation

Section 2: Personal Information

Please provide all applicable information.			
Surname		Given Names	
Other Surnames (if applicable)			
Street Address			City
Province/State	Postal Code	Email	
Primary Phone (Required)	Home Phone	Business Phone	ACDH # (if registered)
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Section 3: Education, Previous Authorizations and Documentation

Please check the box next to the next Advanced Restricted Activity you are applying for:		
<input type="checkbox"/> Local Anaesthesia	<input type="checkbox"/> Nitrous Oxide/Oxygen Conscious Sedation	
<input type="checkbox"/> Orthodontic Procedures	<input type="checkbox"/> Prescribing Schedule 1 Drugs	
<input type="checkbox"/> Restorative Procedures of a Permanent Nature		
Please provide information about the appropriate educational course		
Date of Course Completion		
Name of Educational Institution		
Type of Educational Institution	<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Other	
Type of Course	<input type="checkbox"/> Part of diploma/degree level dental hygiene program <input type="checkbox"/> Continuing Education Course	
Please list the jurisdictions where you are currently or were previously authorized to perform the Advanced Restricted Activity you are applying for.		
Name of Licensing or Regulatory Body	Expiry Date	Registration or License #
Please indicate which of the required supporting documents below are included with your application.		
Applications received more than 6 months after completion of the initial education course must include evidence of currency of practice. Detailed information on circumstances requiring a refresher or education course is included in the Appendices of the Advanced Restricted Activity Authorization Policy.		
<input type="checkbox"/> Evidence of successful completion of appropriate education (e.g., <i>official transcript, notarized completion certificate</i>) Required for all applications		
<input type="checkbox"/> Evidence of currency of practice Required if more than 6 months have elapsed since initial education course completion		
<input type="checkbox"/> Evidence of successful completion of a Council-approved <i>refresher</i> course <i>Please see the Appendices in the Policy for circumstances where this is required.</i>		
<input type="checkbox"/> Evidence of successful completion of a Council-approved <i>education</i> course <i>Please see the Appendices in the Policy for circumstances where this is required.</i>		
For Office Use Only	Approved by:	Approved Date:
		Prescriber's Number:

This page may be photocopied and included in your application as needed.

Section 4: Declaration

I, _____ certify to the best of my knowledge that the information provided on this form and its attachments is complete and true, and know that it 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 application.

I authorize the ACDH to see additional information from educational institutions, regulatory agencies, or other sources as necessary in order to process this application for entry on the Roster of members authorized to perform the restricted activities for which I have applied, as per Section 1 of this form. I also authorize all such institutions, agencies, or other sources to release such information to the ACDH and for so doing let this be your good and sufficient authority.

I am aware that I must not perform any Advanced Restricted Activity for which I have applied herewith until I have been notified in writing that my application has been approved and my name has been added to the respective ACDH Roster of dental hygienists who have been authorized to perform each activity.

I acknowledge that, once authorized, I must adhere to the established Standard of Practice, Guidelines and/or Policies relevant to each Advanced Restricted Activity. These may change from time to time and I am responsible for maintaining competence and currency in practice.

Name (please print): _____

Signature: _____ Date: _____.