

How to claim credits for reading a Standard of Practice or the Code of Ethics.



3 Log in to the Portal using your email address and password.





5 Scroll down to the bottom of the page and click the "Record a New Continuing Competence Activity" link.

Limited	Committee 3.7.5 Other Activities Approved by Council/Registrar/Competence Committee	2023-08-07	2023 Conflicts of Interest	Hygienists Alberta College of Dental Hygienists	0.25	0.25
					13.25	13.2
Record a N	lew Continuing Competence	Activity		Previous	1 2	Next

Submission for Credit - Volunteering Form Request for Pre-determination of Program Credits Form **6** Scroll down to the "Continuing Competency Record" section of the form.

Enter the start date.

Mandatory Category		
4.1 Cardio Pulmonary Resuscitation (CP	R)	
Continuing Competency Record		
Start Date (DD/MM/YYYY) *		
Completion Date (DD/MM/YYYY) *		
Activity Category *		*
Activity Title *		
Instructor(s)/Presenter(s) *		
Sponsor *		•
Number of Credits * (i)		

3.7.5 Other Activities Approved by Cour	ncil, Registrar, or Competence Committee
Mandatory Category	
4.1 Cardio Pulmonary Resuscitation (CP	R)
Continuing Competency Record	
Start Date (DD/MM/YYYY) *	29/08/2023
Completion Date (DD/MM/YYYY) *	
Activity Category *	
Activity Title *	
Instructor(s)/Presenter(s) *	
Sponsor *	▼
Number of Credits * (1)	

From the Activity Category drop down, you must select "3.7.5 Other Activities Approved by Council/Registrar/Competence Committee".

You cannot claim credits for reading a Standard of Practice or the Code of Ethics

Continuing Competency Record Start Date (DD/MM/YYYY) * 29/08/2023 Ë Ë Completion Date (DD/MM/YYYY) * 29/08/2023 Activity Category * Activity Title * 3.7.2 Self-Assessment Package 3.7.3 Volunteering Instructor(s)/Presenter(s) * 3.7.4 Mental Health and Wellness Activities Sponsor * 3.7.5 Other Activities Approved by Council/Registrar/Competence Committee Number of Credits * (1) 4.1 Cardio Pulmonary Resuscitation (CPR) Declaration I certify that I have attended the course or participated in the activity described in this record. The number of hours requested does not exceed the number of hours attended. I understand that, as per CCP Rules Section 3.1, I must retain supporting documentation for all learning activities reported. I understand that I may be required to provide supporting documentation for this learning activity upon request and / or if I am selected for a CCP audit.

Click "Yes" to the question "Are you claiming credits for reading a Standard of Practice or the Code of Ethics?"

Continuing Competency Record	
Start Date (DD/MM/YYYY) *	29/08/2023
Completion Date (DD/MM/YYYY) *	29/08/2023
Activity Category *	3.7.5 Other Activities Approved by
Are you claiming credits for reading a Standard of Practice or the Code of Ethics?	Ves 🔿 No
Activity Title *	
Instructor(s)/Presenter(s) *	
Sponsor *	~

8

9

under a different category.

10 From the Activity Title drop down, select the Standard of Practice or Code of Ethics for which you are claiming credit.

Continuing Competency Record		
Start Date (DD/MM/YYYY) *	29/08/2023	
Completion Date (DD/MM/YYYY) *	29/08/2023	
Activity Category *	3.7.5 Other Activities Approved by	
Are you claiming credits for reading a Standard of Practice or the Code of Ethics	Yes No	
Any of the questions below that refer to a Standard of Practice also apply to the Code of Ethics.		
Select Standard of Practice	·	
Activity Title *	Advertising 2023	
Instructor(s)/Presenter(s) *	Clinical Therapy 2023 Code of Ethics 2023	
Sponsor *	Collaboration 2023	
Number of Credits * 🚯	Communication 2023 Conflicts of Interest 2023	
Self Reflection		

11 The remaining fields in this section will auto-populate and are not editable.

12	Use the prompts to help you complete the self-reflection (minimum 250 words).
	 Please write a reflection on this specific Standard of Practice (minimum 250 words). Questions to consider include: How will you implement this Standard of Practice in your practice of the profession? What steps will you take to ensure you are adherin What changes to your practice of the profession might you make after having read and reflected on this Standard of Practice? What learning needs have you identified for yourself? How might you meet these identified needs? Why is this Standard of Practice important when practicing the profession? How does it affect patients and protect the public interest? the integrity of the profession?
	Declaration I certify that I have attended the course or participated in the activity described in this record. The number of hours requested does not exc hours attended.
	I understand that, as per CCP Rules Section 3.1, I must retain supporting documentation for all learning activities reported.

Read the declaration and click "I certify".

I certify that I have attended the course or hours attended. I understand that, as per CCP Rules Section I understand that I may be required to prov	participated in the activity described in this record. The number of he n 3.1, I must retain supporting documentation for all learning activitie vide supporting documentation for this learning activity upon reques
I understand that, as per CCP Rules Section	n 3.1, I must retain supporting documentation for all learning activitie vide supporting documentation for this learning activity upon reques
I understand that I may be required to prov	vide supporting documentation for this learning activity upon reques
Certification *	t this document electronically and insert, my <u>full name</u> below, it
Signature *	
* Required	

Enter your full name in the signature field.

Declaration	
I certify that I have atten hours attended.	ded the course or participated in the activity described in this record. The number of hours requested does n
l understand that, as per l understand that l may b	CCP Rules Section 3.1, I must retain supporting documentation for all learning activities reported. De required to provide supporting documentation for this learning activity upon request and / or if I am selec
Certification *	• I certify
l acknowledge and agr	ee that if I submit this document electronically and insert, my <u>full name</u> below, it is equivalent to my
Signature *	
* Required	
Submit	Close

15 Click "Submit"

	Declaration	A	
	I certify that I have attended hours attended. I understand that, as per C I understand that I may be	I certify that I have attended the course or participated in the activity described in this record. The number of hour hours attended. I understand that, as per CCP Rules Section 3.1, I must retain supporting documentation for all learning activities r I understand that I may be required to provide supporting documentation for this learning activity upon request a	
	Certification *	I certify that if I submit this document electronically and insert, my <u>full name</u> below, it is e	
	Signature * * Required	Janice Banana Chocolate Bon Bon	
•	Submit Clo	ose	

- 16 Wait until you see the message on your screen saying "Form Submitted Successfully" before closing the window.
- **17** If you want to verify your entry, you can go to the Continuing Competence tab in the Registrant Portal. You may need to refresh the page.