## CDHNS 2023/24 Registration and Licensing Reinstatement Application Checklist



## Reinstatement Application Checklist Membership Year Nov 1 2023 to Oct 31, 2024 College of Dental Hygienists of Nova Scotia

11-2625 Joseph Howe Drive, Halifax, NS, B3L 4G4

**Please note:** We may already have some of the documents outlined below on file. The CDHNS staff will work with you to ensure you have accurate information regarding the documentation required to complete your application.

I have been informed that the CDHNS has the following documents on file:	
	A photocopy of my birth certificate
	Evidence of name change, if my current name differs from that on my birth certificate and/or transcript e.g., driver's licence, passport, marriage licence, or other government-issued ID
	A passport-like picture (full facial profile) in a format appropriate for a regulator e.g., business casual clothing
	Evidence of successful completion of the Jurisprudence NS course <i>or</i> the Self Initiation NS Course, was completed within the last 3 years, <i>or</i> you last practiced in NS within the last 3 years.
	My employment visa or permanent resident card under Canadian Immigration Act (non-Canadian citizens only)
	Copy of any English language proficiency tests completed (Mother tongue other than English and/or Dental Hygiene program delivered in a language other than English). See the <a href="English Language Requirements">English Language Requirements</a> .
	NDHCB Certificate
	Certificate of Completion of any modules completed separately from your DH undergrad program e.g., permanent restorative, orthodontics, LA.
	$\square$ My official transcript with proof of graduation from an accredited school $\mathit{OR}$
	☐ My official transcript with proof of graduation from a non-accredited school, plus a copy of certificate of completion of a Clinical Competency Assessment in a recognized jurisdiction
I have uploaded the following supporting documents (upload within the Reinstatement Application). <i>Note</i> : if you don't upload it with your first submission, you will have an opportunity to upload it later following our review.	
	Proof of liability insurance, e.g., CDHA insurance, or another insurance (PLI) that meets the <u>requirements</u>
	A copy of my current permanent CPR certificate (i.e., taken within the last 12 months), at the <u>level required by Council</u>
	Evidence of <u>45 hours</u> of continuing dental hygiene education within the <u>most recent three years</u> . Please enter your Continuing Education courses (with supporting documentation) online through your CDHNS Portal. ( <i>Does not apply to applicants who graduated <u>within</u> the last 36 months.)</i> Save list of CE credits to online file
	Evidence that I have practiced <u>600 hours</u> of dental hygiene in the 3 years immediately before the date of my application ( <i>does not apply to applicants who graduated <u>within</u> the last 36 months</i> ). If applicable, this must be in the form of a signed letter from the employer (on letterhead), ROE (Record of Employment), or another acceptable alternative document, as determined by the Registrar.
	A current passport-type picture, if requested by CDHNS (required if your photo on file is over 3 years)
I have requested these documents to be sent directly to CDHNS (address above):	
	Verification Forms: I have completed Part A of the CDHNS Verification Form for Other Regulatory Bodies and sent the form to each jurisdiction that I am currently (or was previously) certified, licensed, or registered as a dental hygienist. I have requested each jurisdiction to send the completed form directly to CDHNS.
I require additional documentation:	
NA	I am applying to have my self-directed clinical education or experience recognized (re: self-initiation). Therefore, I have: submitted a completed letter of application re: Self-directed clinical practice applying for the equivalent under Regulation 8 (1) (h). Please contact CDHNS to request the template for submission.
	I am applying to have my local anaesthesia, orthodontics, and/or permanent restorative competencies recognized. Therefore, I have: Completed the relevant online application form (links are within the general application), and provided any required documentation – <i>Note</i> : These procedures are not mandatory to obtain a practising licence in NS, but you cannot perform them unless you are authorized by the CDHNS.
I have paid the required fees by <u>certified cheque, money order, e-transfer or credit card</u> : (Note: Invoices will be generated for you. Further payment details will be provided in the invoice.)	
	\$130.00 Application fee (separate) & non-refundable – must be sent before the application will be reviewed
	<b>Note:</b> As of April 12, 2023, for all new applications, this fee is waived for applicants if you (1) hold a <u>current</u> unrestricted (full), practising licence in a Canadian Jurisdiction, and (2) you are in good standing with that jurisdiction.
	\$155.00 Registration fee – See note under Application fee. This fee is waived if you meet the same criteria.
	\$275.00 Reinstatement fee – You will be advised if you owe a reinstatement fee.
	\$550.00 Licence fee (Nov 1, 2023 to October 31, 2024)