

CDHNS 2024/25 Registration and Licensing Application Checklist



Registration and Licensing Application Checklist
Licensing Year Nov 1, 2024, to Oct 31, 2025
College of Dental Hygienists of Nova Scotia
 202-1597 Bedford Hwy, Bedford, NS, B4A 1E7

I have uploaded the following supporting documents (upload within the Application form) Please note: if you don't upload these with your first submission, you will have an opportunity to upload them later, following our review.	
<input type="checkbox"/>	A photocopy of my birth certificate.
<input type="checkbox"/>	Evidence of name change, if your current name differs from that on your birth certificate and/or transcript e.g., driver's licence, passport, marriage licence, or other government-issued ID.
<input type="checkbox"/>	Proof of professional liability insurance (PLI) that meets the requirements (e.g., CDHA insurance or another liability insurance that meets the requirements)
<input type="checkbox"/>	A copy of my current permanent CPR certificate, at the level required by Council taken within the last 12 months (typically called BLS or HCP). The level of CPR certification must include, at a minimum, classroom instruction and practicum experience related to: <ul style="list-style-type: none"> • 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 and rescue breathing; • relief of choking in adults, children and infants; and • use of an automated external defibrillator (AED).
<input type="checkbox"/>	<u>45 hours</u> of continuing dental hygiene education in the 3 years immediately before the date of my application (does not apply to applicants who graduated within the last 36 months) entered in the application form.
<input type="checkbox"/>	Evidence that I have practiced <u>600 hours</u> of dental hygiene in the 3 years immediately before the date of my application (does not apply to applicants who graduated within the last 36 months). If applicable, this must be in the form of a letter from the employer (on letterhead), CRA submission, e.g., ROE (Record of Employment).
<input type="checkbox"/>	A passport-like picture (full facial profile) in a format appropriate for a regulator e.g., business casual clothing.
<input type="checkbox"/>	Evidence of successful completion of the NS Jurisprudence course <i>OR</i> the NS Self-Initiation Course completed within the last 3 years. We strongly recommend that you complete the NS Self-Initiation Course, unless you are applying for an exemption for self-initiation. (See below.) Both courses are offered through CDHA .
I have had the following documents certified by either a Notary Public or Commissioner of Oaths and mailed directly to the CDHNS (address above) <i>OR</i>, you may have originals sent directly to the CDHNS:	
<input type="checkbox"/>	NDHCB Certificate
<input type="checkbox"/>	Certificate of Completion of any modules completed <i>separately</i> from your DH undergrad program e.g., permanent restorative, orthodontics, local anaesthetic (LA).
I have requested these documents to be sent directly to CDHNS (address above):	
<input type="checkbox"/>	<input type="checkbox"/> My official transcript with proof of graduation from an accredited school <i>OR</i> <input type="checkbox"/> My official transcript with proof of graduation from a non-accredited school, plus a copy of the certificate of completion of a Clinical Competency Assessment in a recognized jurisdiction
<input type="checkbox"/>	Verification Forms: I have completed Part A of the <i>CDHNS Verification Form for Other Regulatory Bodies</i> and sent the form to each jurisdiction where 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:	
<input type="checkbox"/>	My employment visa or permanent resident card under Canadian Immigration Act (non-Canadian citizens only)
<input type="checkbox"/>	Copy of any English language proficiency tests completed (Only required if mother tongue is not English and/or the Dental Hygiene program was delivered in a language other than English)
<input type="checkbox"/>	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). <i>Please contact CDHNS to request the template for submission.</i>
<input type="checkbox"/>	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 are provided in the invoice.) Three fees total	
<input type="checkbox"/>	\$130.00 Application fee (separate) & non-refundable – must be sent before the application will be reviewed
<input type="checkbox"/>	\$155.00 Registration fee (One-time fee) – Registration and Licensing fees will be invoiced later in the process
<input type="checkbox"/>	\$560.00 CDHNS Practising Licence fee (Nov 1, 2024 to October 31, 2025)