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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.

Surname		Given Names
Maiden Name or Other Names (if applicable)		Birth Date (month-day-year)
Street Address		City
Province/State	Postal Code	Email
Home Phone ( )	Cell or Business Phone ( )	
Graduated from:	In City/Province/Country:	Graduation date (month-day-year):
I was certified / licensed / registered in your jurisdiction on:		Number:

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

form and any additional information requested by the College of Dental Hygienists of Nova Scotia (CDHNS) in order to process my application for registration.

Signature of Applicant: ____

Date: ____

SECTION B: To be completed by the jurisdictional regulatory body and forwarded directly to the CDHNS.		
Please provide the following registration information as authorized by an applicant for registration with the CDHNS. Information provided is held in confidence.		
Profession: ❍ Dental Hygienist ❍ Other ______________________________		
Certificate / License / Registration #:		
Initial Registration Date:		
Expiry Date:		
DH Certificate, License Registration Status:	❍ active	❍ inactive
	❍ conditional	❍ other (explain)
	❍ temporary	
Has this person provided you with evidence of graduation (e.g. diploma or transcript) from the DH program listed in Section A? ❍ Yes ❍ No		
Is this individual authorized to perform the following procedures:	Orthodontics ❍ Yes ❍ No ❍ Not applicable in our jurisdiction	
	Permanent Restorative ❍ Yes ❍ No ❍ Not applicable in our jurisdiction	
	Local Anaesthetic ❍ Yes ❍ No ❍ Not applicable in our jurisdiction	
Has this person ever been authorized to self-initiate care (engaged in self-directed clinical practice) in your jurisdiction? ❍ Yes ❍ No ❍ Not applicable in our jurisdiction If yes, please include date authorized: _______________		
Has this person provided you with evidence of holding NDHCB Certification? ❍ Yes ❍ No If "Yes, provide NDHCB # and effective date: If "No" explain why not:		
Has this person's certificate/license/registration ever been denied, restricted, suspended or cancelled?	❍ Yes ❍ No	
Is this person's certificate/license/registration currently restricted, suspended, cancelled or under review?	❍ Yes ❍ No	
Has this person ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her or him?	❍ Yes ❍ No	
Is this person currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding?	❍ Yes ❍ No	
If the answer to one or more of the preceding 4 questions above is "Yes", please provide further information below or on a separate document.		

	Signature:
	Print Name:
	Title:
	Name of Regulatory / Certification / Print Name: Licensing Body:
	Province / State/ Country:
(SEAL)	Date: