

VERIFICATION OF CERTIFICATION, LICENCE 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 organization from which the applicant has been certified, licensed, or registered as a dental hygienist, dental technologist, or denturist.

| | | | |
|---|-------------|-----------------------------|---------------------------------------|
| 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: |
| <p>I authorize _____ to provide the information requested in Section B of this</p> <p style="text-align: center;">Name of Organization</p> <p>form and any additional information requested by the Nova Scotia Regulator of Dental Hygiene, Dental Technology, and Denturism (NSRDHDTD) in order to process my application.</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p> | | | |

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| SECTION B: To be completed by the jurisdictional regulatory body and forwarded directly to the NSRDHDT. | | | |
| Please provide the following registration information as authorized by an applicant. | | | |
| Profession: <input type="radio"/> Dental Hygienist (DH) <input type="radio"/> Dental Technologist (DT) <input type="radio"/> Denturist (DD) <input type="radio"/> Other _____ | | | |
| Certificate / Licence / Registration #: | | | |
| Initial Registration Date: | | Expiry Date: | |
| Status: | <input type="radio"/> active | | <input type="radio"/> inactive |
| | <input type="radio"/> conditional | | <input type="radio"/> other (explain) |
| | <input type="radio"/> temporary | | |
| Has this person provided you with evidence of graduation (e.g. diploma or transcript) from the program listed in Section A? <input type="radio"/> Yes <input type="radio"/> No | | | |
| Is this individual authorized to perform the following procedures: | DH: Orthodontics | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| | DH: Permanent Restorative | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| | DH: Local Anaesthetic | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| | DD: Dentures over implants services | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| If applicant is a dental hygienist, have they provided evidence of holding FDHRC/NDHCB Certification? <input type="radio"/> Yes <input type="radio"/> No If applicant is a dental technologist, have they provided evidence of completing a dental technology qualifying/registration examination (such as the DTETPA)? <input type="radio"/> Yes <input type="radio"/> No If applicant is a denturist, have they provided evidence of completing the denturist qualifying/registration examination? <input type="radio"/> Yes <input type="radio"/> No If "Yes", provide Certificate #, if applicable, and effective date: _____ If "No" explain why not: _____ | | | |
| Has this person's certificate/licence/registration ever been denied, restricted, suspended or cancelled? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Is this person's certificate/licence/registration currently restricted, suspended, cancelled or under review? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Has this person ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against them? | | | <input type="radio"/> Yes <input type="radio"/> 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? | | | <input type="radio"/> Yes <input type="radio"/> 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. | | | |
| (SEAL) | | Signature: | |
| | | Print Name: | |
| | | Title: | |
| | | Print Name of Name of Regulatory / Certification Licensing Body: | |
| | | Province / State/ Country: | |
| | | Date: | |