



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8th Street East
Saskatoon, SK S7H 0R9

Tel 306-931-7342 Ext.1 Fax 306-931-7334
E-mail: sdha@sasktel.net

For Office Use Only:

Date Received: _____
Date Approved: _____
SDHA Number: _____
CDHA Number: _____
License Type: _____
Approved by: _____

APPLICATION FOR LICENSE UPGRADE

SUBMIT COMPLETED APPLICATION FORM, REQUIRED DOCUMENTS AND FEES TO:

SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION, 1024 8th Street East, Saskatoon, SK S7H 0R9

Please allow 1 week for application processing

For further information call SDHA at: 306-931-7342, ext 1 or Email: sdha@sasktel.net Fax: 306-931-7334

I am applying
for:

Upgrade: Non-practising to Full License Upgrade: Conditional Non-Practising to Conditional License
SDHA License: \$250.00 + CDHA Membership: \$117.00 **Total: \$367.00**

Name

Surname

First Name

Middle Name

Former Name or Other
Surnames (List all-if applicable)

Address:

Street

City

Province

Postal Code

Telephone

Residence

Work

Mobile/Other

Email

EMPLOYMENT: Please provide the contact information for the practice you will be employed by or under contract with.

Name of Employer: _____ Street Address: _____

City/Town: _____ Postal Code _____ Business Phone _____ Projected Start Date _____

GOOD CHARACTER and FITNESS TO PRACTICE

Have you ever been convicted of a criminal offence in any jurisdiction? If yes, please explain:

Yes
 No

Has any registration or license entitling you to practise dental hygiene or any other health profession in any province, territory, state or country ever been limited, restricted, suspended or cancelled? If yes, please explain:

Yes
 No

Are you currently the subject of any reviews, investigations, disciplinary hearings or proceedings (including criminal proceedings) in any jurisdiction? If yes, please explain:

Yes
 No

Have you ever been denied registration or imposed conditions on your dental hygiene practice in another jurisdiction? If yes, please explain:

Yes
 No

Have you ever had a finding in the nature of professional misconduct, unskilled practice, incompetency or incapacity, or a like finding made against you as a student, dental hygienist or in a health profession other than dental hygiene? If yes, please explain:

Yes
 No

Are you affected by a physical, mental or emotional condition or disorder that may impair your ability to provide dental hygiene services in a safe and competent manner? If yes, please explain: Yes No

Are you affected by an addiction to alcohol, drugs, or other chemicals that may impair your ability to provide dental hygiene services in a safe and competent manner? If yes, please explain: Yes No

DECLARATION

I _____, of _____
(Print full name) (City, Town)

DO SOLEMNLY DECLARE THAT:

- I am the person applying for a license to practice as a Registered Dental Hygienist in Saskatchewan;
- The information provided on this form is correct, complete and true in every respect;
- I understand this declaration has the same significance as giving one under oath;
- I understand my application for licensure may be refused, denied or cancelled if I have provided any inaccurate information;
- I understand that the information I have provided may be verified by the SDHA and I authorize the SDHA to seek additional information from third parties such as educational institutions, regulatory agencies, employers, or other sources as necessary in order to process my application and, I also authorize all such institutions, agencies or other sources to release such information to the SDHA;
- I understand that in order to practise dental hygiene in Saskatchewan, I am required by law to be registered and licensed with the SDHA, before I commence employment;
- If granted registration as a dental hygienist in the province of Saskatchewan, I will faithfully undertake to practice in accordance with provincial legislation, the Bylaws under The Dental Discipline Act, and established Competencies, Practice Standards, Code of Ethics and Continuing Competency Program Guidelines.

Signature: _____ Date: _____
dd/mm/yyyy

PAYMENT OPTIONS:

1. **CREDIT CARD:** FAX or Email COMPLETED FORMS TO SDHA @ 306 931-7334 or sdha@sasktel.net

VISA MASTERCARD

Cardholder Name:	
Credit Card No.	
Expiry Date:	
CVD (number on back)	
Signature:	

2. **CHEQUE PAYMENT:**

Please make cheque payable to SDHA in the amount of \$367.00.

Mail completed form and cheque to: **SDHA, 1024 8th Street East, Saskatoon, SK S7H 0R9**