



# SDHA

1024 8<sup>th</sup> Street East  
Saskatoon SK S7H 0R9

## Saskatchewan Dental Hygienists' Association

306-931-7342  
sdha@sasktel.net

### Verification of Good Standing

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:
<p>I authorize _____ to provide the information requested in Section B of this</p> <p style="text-align: center;">Name of Regulatory/Licensing Body</p> <p>form and any additional information requested by the Saskatchewan Dental Hygienists' Association (SDHA) in order to process my application for registration.</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p>			

**SECTION B: To be completed by the jurisdictional regulatory body and forwarded directly to the SDHA.**

Please provide the following registration information as authorized by an applicant for registration with the SDHA. Information provided is held in confidence.

Profession:  Dental Hygienist  Other \_\_\_\_\_

Certificate / License / Registration #:

Initial Registration Date:

Expiry Date:

DH Certificate, License Registration 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 DH program listed in Section A?  
 Yes  No

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 them?  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.

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