



SDHA

Saskatchewan Dental Hygienists' Association

Unit 320 – 350 3rd Ave N
Saskatoon, SK S7K 6G7

Tel 306-931-7342
E-mail: sdha@sasktel.net

APPLICATION FOR LICENSE UPGRADE

Submit Completed Application Form, Required Documents and Fees to:

SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION
Unit 320 – 350 3rd Ave N, Saskatoon, SK S7K 6G7

Please allow 1 week for application processing

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

For Office Use Only:

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

I am applying for:

Upgrade: Non-practising to Full License Upgrade: Conditional Non-Practising to Conditional License
SDHA License: \$270.00 + CDHA Membership: \$117.00 **Total: \$387.00**

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

1. Have you ever been convicted of a criminal offence in any jurisdiction? If yes, please explain: Yes
 No

2. 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

3. 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

4. Have you ever been denied registration or had conditions imposed on your dental hygiene practice in another jurisdiction? If yes, please explain: Yes
 No

5. 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 dental hygienist or in a health profession other than dental hygiene? If yes, please explain: Yes
 No

6. Do you have, or has anyone ever advised you that you have a physical, cognitive, mental and/or emotional condition which in any way may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a dental hygienist? If yes, please explain: Yes
 No

7. Have you ever had, or have you ever been advised that you had, a physical, cognitive, mental and/or emotional condition which in any way, should it reoccur, may reasonably be expected to pose a risk of harm to patients or negatively impact your work as a dental hygienist? 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: Invoice will be added to your member profile**
2. **CHEQUE PAYMENT:**

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

Mail completed form and cheque to: **SDHA, Unit 320 – 350 3rd Ave N, Saskatoon, SK S7K 6G7**