



SDHA

Saskatchewan Dental Hygienists' Association

320-350 3rd Ave N
Saskatoon SK S7K 6G7

306-931-7342
admin@sdha.ca

CCP Pre Approval Form

First Name: _____ **Last Name:** _____

SDHA #: _____ **Email:** _____

Course/Activity Name: _____

Presenter Name: _____

Sponsoring Institution/Association: _____

Course Length (hours) _____ Credits Request: _____

Date(s) of Course: _____

Please check the appropriate category:

Dental Hygiene Practice _____ Practice Management _____

Professional Involvement _____

Provide a Summary of the course:

Summarize the knowledge or skills you expect to gain and briefly describe how it relates to the dental hygiene category:

I request pre-approval to submit proof of attendance and receive my requested CCP credits for my transcript.

Signature of Applicant

Date