SDHA | Saskatchewan Dental Hygienists' Association

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

306-931-7342
E-mail: admin@sdha.ca

Office Use Only:
Date Received: __________
Date Approved: _________
SDHA Number: _________
CDHA Number: _________
License Type: ___________
Approved by____________

APPLICATION FOR REINSTATEMENT

Please read Registration and Licensure Information for Applicants prior to completing this application. (www.sdha.ca)

Application for Reinstatement are handled on case-by-case basis. Additional information regarding your application may be required. If you have not held an active license in dental hygiene for a period of 36 months or longer. Please contact the SDHA Registrar at registrar@sdha.ca for approved refresher programs.

Submit completed application form by:
Email: admin@sdha.ca

Mail: Saskatchewan Dental Hygienists' Association
Unit 320 – 350 3rd Ave N, Saskatoon SK S7K 5G7

I am applying for:	**REGISTRATION**	❒ **Full Registration**	**OR**	❒ **Restricted Registration**
	AND **LICENSE**	❒ **Full License**	❒ **Conditional License**	❒ **Non-practicing License**

1. Name	________________ Surname	___________________ First Name	_____________________ Middle Name	__________________ Former Name or Other Surnames (List all-if applicable)
2. Address:	_____________________________ Street	___________________ City	______ Province	_________ Postal Code
3: Telephone	________________ Residence	_________________ Work	_________________ Mobile/Other	__________________ Email
4. Gender	❑ Female ❑ Male ❑ Other	**5. Date of Birth:** ____/____/______ (dd/mm/yyyy)		
6. Citizenship:	❑ Permanent Resident ❑ Temporary Resident	Country ______________	Work Permit:	________________________

7. GOOD STANDING TO PRACTICE DENTAL HYGIENE

Please check one:

❒ I have never been registered/licensed to practice dental hygiene in any other jurisdiction.

OR

❒ I have previously been ***or*** am currently registered/licensed to practice dental hygiene in another jurisdiction.

LIST ANY/ALL JURISDICTION(S) WHERE YOU ARE CURRENTLY OR WERE PREVIOUSLY REGISTERED AS A DENTAL HYGIENIST

Province or State: _________________ Country_________________ Year: __________ Registration No: _________

Province or State: _________________ Country_________________ Year: __________ Registration No: _________

An original Letter of Good Standing must be mailed directly to the SDHA office from each previous and/or current jurisdiction(s) listed above.

8. LIABILITY INSURANCE – Ensure a copy is attached with your application

Provider:________________	Policy #: ______________________	Expiry Date: ___________________________________

9. SUMMARY OF EVENTS SINCE LAST LICENSESD WITH SDHA.

This information may be shared with the credentials committee in reviewing your application for Reinstatement.

Events may be included:

- Licensed in another jurisdiction(s)
- Leave from the profession
- Pursuit of other opportunities
- Break from profession for health reasons
- Family or personal reasons etc.

Please be descriptive as possible:

10. DENTAL HYGIENE EDUCATION: (Attach a notarized copy of your diploma)

Credential	Name of Academic Institution	Graduation Month/Year	Full Name on Credential
❑ Diploma			
❑ Degree			

11. SUMMARY OF OTHER POST SECONDARY EDUCATION:

Credential	Name of Academic Institution	Graduation Month/Year	Full Name on Credential

12. ADVANCED DENTAL HYGIENE KNOWLEDGE AND SKILLS:

Have you successfully completed a post-graduate dental hygiene module or graduated from a program of dental hygiene that offered any of the following? ***(If you have completed a <u>post-graduate</u> Module, attach a copy of your Certificate of Completion)***

a. Administration of Local Anaesthetic ❑ Yes ❑ No Date Completed: ______________

Name of Institution: ____

b. Restorative Procedures ❑ Yes ❑ No Date Completed: ______________

Name of Institution: ____

c. Orthodontic Procedures ❑ Yes ❑ No Date Completed: ______________

Name of Institution: ____

13. EMPLOYMENT HISTORY
List dental hygiene employment for the most recent three (3) years, listing the most recent employer first. If space is insufficient, please attach a page. This information may be verified for accuracy.

Employed from: Month__________ Year __________ TO Month__________ Year __________

Name of Employer: Street Address:

City, Town, Village: Province: Postal Code: Business Telephone: ( )

Position	**Practice Setting**	**Area of Responsibility**
❑ Full-time permanent (>30 hours per wk)	❑ General dentistry	❑ Direct patient care
❑ Part-time permanent	❑ Specialty dentistry (specify) ________________________	❑ Administration
❑ Full-time temp/contract		❑ Teaching
❑ Part-time temp/contract	❑ Community health	❑ Research
	❑ University/Technical Institute	❑ Consulting
Hours per Week: __________	❑ Hospital/ Long-term care facility	❑ Other (specify) ___________
	❑ Other (specify) _______________	

Employed from: Month__________ Year __________ TO Month__________ Year __________

Name of Employer: Street Address:

City, Town, Village: Province: Postal Code: Business Telephone: ( )

Position	**Practice Setting**	**Area of Responsibility**
❑ Full-time permanent (>30 hours per wk)	❑ General dentistry	❑ Direct patient care
❑ Part-time permanent	❑ Specialty dentistry (specify) ________________________	❑ Administration
❑ Full-time temp/contract		❑ Teaching
❑ Part-time temp/contract	❑ Community health	❑ Research
	❑ University/Technical Institute	❑ Consulting
Hours per Week: __________	❑ Hospital/ Long-term care facility	❑ Other (specify) ___________
	❑ Other (specify) _______________	

Employed from: Month__________ Year __________ TO Month__________ Year __________

Name of Employer: Street Address:

City, Town, Village: Province: Postal Code: Business Telephone: ( )

Position	**Practice Setting**	**Area of Responsibility**
❑ Full-time permanent (>30 hours per wk)	❑ General dentistry	❑ Direct patient care
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❑ Full-time temp/contract		❑ Teaching
❑ Part-time temp/contract	❑ Community health	❑ Research
	❑ University/Technical Institute	❑ Consulting
Hours per Week: __________	❑ Hospital/ Long-term care facility	❑ Other (specify) ___________
	❑ Other (specify) _______________	
	❑	

14. SUMMARY OF PRACTICE HOURS

Summary of practice hours in the most recent three years. Begin with the most recent year:	Year				Total Hours
	Hours				

GOOD CHARACTER and FITNESS TO PRACTICE

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

16. 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
____
____

17. 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
____
____

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

19. 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
____
____

20. 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
____
____

21. 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
____
____

You must not begin practice in Saskatchewan until you are registered and licensed with the SDHA. If you have arranged future employment as a dental hygienist in Saskatchewan, please indicate:

Name of Employer: ______________________________ **Street Address:** ______________________________

City/Town: ______________ **Postal Code**__________ **Business Phone**__________ **Projected Start Date** __________

DECLARATION

I____, of ____________________________________

(Print full name) (City, Town)

DO SOLEMNLY DECLARE THAT:

- I am the person applying for registration as a Registered Dental Hygienist in Saskatchewan;
- The information provided on this form and its attachment 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 registration and 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: _________________________