



Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

Dental Hygiene Registration Form
(Initial)
PLEASE PRINT

A. PERSONAL INFORMATION

1. Name: _____ Gender: M F
Last Name/First Name/Initial

Mailing: _____
Address Street PO Box City / Town Province Postal Code

Phone Number: Home () _____ Mobile () _____

Email Address: _____
(to be used for communications from the Council)

Date of Birth: _____
Day Month Year

2. Are you a Canadian citizen? Yes No

If no, please provide documentation to support ability to work in Canada.

3. Was your training as a health professional in English? Yes No

If no, please provide certified documentation of completed scores in the International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL).

If you currently document your patient records in a language other than English, please ATTACH a written plan as to how you will communicate the content of the record to the patient or other third party as required.





Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

B. EMPLOYMENT INFORMATION

1. Are you currently employed in the profession for which you are applying?

Yes No If no, go to Question 3

If yes, please complete the following section:

Primary Place of Employment: _____

Address: _____
Street PO Box City / Town Province Postal Code

Phone Number: Work () _____

Job/Position Title: _____ Number of years in this position: _____

2. Are you employed anywhere else in the profession for which you are applying?

Yes No If yes, please complete the following section:

Secondary Place of Employment: _____

Address: _____
Street PO Box City / Town Province Postal Code

Phone Number: Work () _____

Job/Position Title: _____

Number of years in this position: _____

3. Are you currently, or have you ever been, registered or licensed to practice your health profession in another jurisdiction? Yes No

If yes, please provide the following details:

Jurisdiction: _____ Date of Initial Registration: _____
Province (D/M/Y)

Currently Registered: _____ Regulatory Body: _____

If you have been registered in more than one jurisdiction, please attach on a separate sheet the information requested in question 3.



Newfoundland and Labrador Council of Health Professionals
 209 Blackmarsh Road, St. John's NL A1E 1T1
 709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

*Please note that a letter of good standing is required from each jurisdiction in which you are **currently or have ever been registered**. This letter must confirm whether or not you are in good standing as well as whether or not you have ever been the subject of investigative or disciplinary proceedings and the particulars of those proceedings. Please arrange for this letter to be sent directly to the Newfoundland and Labrador Council of Health Professionals (NLCHP) Registrar from the other jurisdiction.*

C. CONSENT TO RELEASE OF INFORMATION

It may be necessary for the Newfoundland and Labrador Council of Health Professionals (NLCHP) to contact your employer, educational institution, regulatory body in another jurisdiction in which you are (or were) registered or other individual, company or institution, in order to confirm, clarify the information you have provided in your registration application or obtain other information that may be necessary to process and/or assess your registration application. Additionally as maintaining membership in the Newfoundland and Labrador College of Dental Hygienists (NLCDH) is a requirement of registration, the NLCHP may be required to use information on file to confirm membership in NLCDH.

Consent Statement:

I, _____ provide my consent to the Newfoundland and Labrador Council of Health Professionals to contact any individual, company, or institution to access and/or obtain any personal information about me that the NLCHP may require to process or assess my registration application. I further provide my consent to any individual, company, or institution to release my personal information to the NLCHP in response to a request for information from the NLCHP.

Date: _____

Signature: _____

Please indicate by checking Yes or No, if you are willing for NLCHP to release your name and address including email address.

Institutions conducting research Yes No

Canadian Dental Hygienists' Association Yes No



Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

D. INSURANCE

The Health Professions Act requires all health professionals registered under the Act to maintain a professional liability insurance policy. Registrants must maintain professional liability for the full registration year.

Your insurer: _____

Policy number: (if applicable): _____

Date on which current policy expires: _____

Dental Hygienist's minimum \$ 1,000,000

E. REGISTRATION CATEGORY

Please complete only the registration category section that applies to you:

- General Status:** You have successfully completed a program of study approved by the Newfoundland and Labrador College of Dental Hygienists (NLCDH) and successfully completed a certification exam approved the NLCDH or have been certified by the National Dental Hygiene Certification Board (NDHCB).
- General Status - Additional Skills:** You have successfully completed training and clinical evaluation for administering local anesthetic, restorative and /or orthodontic skills. If you have been practicing restorative or clinical orthodontic skills and are not able to verify certification specific to the skill, you must get a written letter from the dentist employer stating the skills performed and an estimate of the work time practicing these skills over the past four years.
- Non-Practicing Status:** You have successfully completed a program of study approved by the Newfoundland and Labrador College of Dental Hygienists (NLCDH) and successfully completed a certification exam approved the NLCDH or have been certified by the National Dental Hygiene Certification Board (NDHCB).

MCP Provider Number

Registered Dental Hygienists who wish to bill directly into the Dental Health Plan (DHP) may apply for a MCP Provider number. Please contact **Provider Registration, Physician Services Division, Department of Health and Community Services** or visit www.gov.nl.ca/mcp .



Newfoundland and Labrador Council of Health Professionals
 209 Blackmarsh Road, St. John's NL A1E 1T1
 709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

On-Line Jurisprudence and Personal Health Information Act (PHIA) Education Courses:

Individuals applying for initial registration are required to complete (3) on-line education modules within 90 days prior to receipt of application. On-line modules can be accessed on the NLCHP website: www.nlchp.ca, under Education/Resources tab.

Education modules to be completed are Jurisprudence Education for Dental Hygienists and the Newfoundland and Labrador's Personal Health Information Act (PHIA) education courses: (a) Custodian-Direct Contact with Personal Health Information **AND** (b) Direct Contact with Personal Health Information. You are required to submit certificates of completion with your application.

*Please note this is a mandatory requirement of all initial registrations, see **Policy – Registration Process and Timelines**:* <http://www.nlchp.ca/file/51a649e4c8e7aPolicy-APPROVED%20May%2028,%202013%20-Regsitation%20Process%20and%20timelines.pdf> .

1. GENERAL STATUS

Educational institution attended:

Institution Name: _____

Address: _____

Program completed: _____

Year graduated: _____

Do you have a National Dental Hygiene Certification Board (NDHCB) Certificate? Yes No

Date of Issue: _____ (D/M/Y)

Did you graduate more than four (4) years ago? Yes No

*You are required to provide confirmation that you have practiced dental hygiene for at least 1500 hours over the past four years. Applicants who have graduated within four years are asked to provide any work hours completed and will not be expected to have accumulated the 1500 hours until four years after graduation. If you have less than the 1500 hour minimum standard, you will require re-entry or refresher course(s) approved by the Newfoundland and Labrador College of Dental Hygienists (NLCDH). See **Policy-Employment Documentation**, <http://www.nlchp.ca/file/51a64b4465de4Policy-APPROVED%20May%2028,%202013-Employment%20Documentation.pdf>*



Newfoundland and Labrador Council of Health Professionals
 209 Blackmarsh Road, St. John's NL A1E 1T1
 709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

Please ensure the following documents, where applicable, have been included with your application:

- Letter from your employer(s) or self-declaration confirming that you have practiced Dental Hygiene for at least 1500 hours in the past four years (since 2012).
- You are required to provide a CERTIFIED copy of your diploma/degree to indicate graduation from a School of Dental Hygiene approved by the Newfoundland College of Dental Hygienists (NLCDH) and a CERTIFIED copy of successfully passing the National Dental Hygiene Certification Examination (NDHCE) and/or a copy of your National Dental Hygiene Certification Board (NDHCB) certificate.
- If you were or had been registered/licensed to practice dental hygiene in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent **DIRECTLY** to the NLCHP Registrar from the other jurisdiction(s).

The Registrar, Newfoundland and Labrador Council of Health Professionals
 209 Blackmarsh Road, St. John's, NL A1E 1T1

- On-line Jurisprudence and PHIA education certificates of completion.**

2. NON-PRACTICING STATUS

Educational institution attended:

Institution name: _____

Address: _____

Program completed: _____

Year graduated: _____

Do you have a National Dental Hygiene Certification Board (NDHCB) Certificate? Yes No

Date of Issue: _____ (D/M/Y)

Did you graduate more than four (4) years ago? Yes No

Please ensure the following documents, where applicable, have been included with your application:

- Letter from your employer(s) or self-declaration confirming that you have practiced dental hygiene for at least 1500 hours in the past four years.
- You are required to provide a CERTIFIED copy of your diploma/degree to indicate graduation from a School of Dental Hygiene approved by the Newfoundland College of Dental Hygienists (NLCDH) and



Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

a CERTIFIED copy of successfully passing the National Dental Hygiene Certification Examination (NDHCE) and/or a copy of your National Dental Hygiene Certification Board (NDHCB) certificate.

- If you are currently or have been registered/licensed to practice Dental Hygiene in another jurisdiction(s) a letter(s) of good standing is required. Please arrange for this letter(s) to be sent **DIRECTLY** to the NLCHP Registrar from the other jurisdiction(s):

The Registrar, Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's, NL A1E 1T1

- On-line Jurisprudence and PHIA education certificates of completion.**

3. Additional Skills

Please check the area for which you are applying:

- Local dental anesthesia
- Restorative practice skills
- Orthodontic practice skills

Education program attended:

Institution name: _____

Length of program: _____

Program completion: _____

Please ensure the following documents, where applicable have been included with your application:

- Certification of clinical training and successful evaluation in dental anesthesia from a program approved by the Newfoundland and Labrador College of Dental Hygienists (NLCDH).
- Proof of successful completion of modules in restorative or orthodontic skills, or documentation supporting orthodontic or restorative training in a dental hygiene program approved by the NLCDH, accompanied by a letter from your employer stating work hours in the area of orthodontic and restorative services.
- On-line Jurisprudence and PHIA education certificates of completion.**



Newfoundland and Labrador Council of Health Professionals
 209 Blackmarsh Road, St. John's NL A1E 1T1
 709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

F. FEES (REGISTRATION-MEMBERSHIP YEAR DECEMBER 1- NOV. 30)

Registration Fees for the Newfoundland and Labrador College of Dental Hygienists (NLCDH)

- NLCDH membership \$100.00
- Non-practicing \$25.00

Registration Fees for the NLCHP are as follows:

- Initial processing fee \$60.00
- NLCHP registration fee \$350.00
- Non-Practicing registration fee \$75.00

Processing a returned (NSF) cheque \$50.00

Make a cheque or money order for both fees payable to Newfoundland and Labrador Council of Health Professionals (NLCHP)

I have included a cheque money order(s) for the sum of \$ _____

Payment by Credit Card for the sum of \$_____ VISA MasterCard
 Card Number _____
 Exp. Date _____

Cardholder Name: _____

I hereby authorize payment to the Newfoundland and Labrador Council of Health Professionals.

Signed: _____

Applications received without payments and/or credit card information will not be processed until payment is received.



Newfoundland and Labrador Council of Health Professionals
209 Blackmarsh Road, St. John's NL A1E 1T1
709-745-7304 or 1-855-863-8616 contact@nlchp.ca www.nlchp.ca

G. OTHER REQUIRED INFORMATION

Please ensure that the following documents are included with your application:

- Criminal Record Check (*dated within 90 days of application*)
- Vulnerable Sector Check (*dated within 90 days of application*)
- Certified copy of government issued photo identification (Driver's license or passport)
- Cheque or money order for fees made **payable to NLCHP**
- Proof of professional liability insurance (PLI).

H. DECLARATION AND SIGNATURE

The following declaration must be completed by all applicants:

I hereby apply for registration under the *Health Professions Act* and I declare that the information I have provided is true and correct.

Signature: _____

Date: _____

Non-Practicing Status:

The following declaration must also be completed by Non-Practicing applicants only:

I hereby confirm that I will not practice Dental Hygiene in Newfoundland and Labrador as long as I am registered with a Non-Practicing Status.

Signature: _____

Date: _____