

69 Bloor St E, Suite 300, Toronto, ON M4W 1A9 **t**: 416-961-6234 **t**f: 1-800-268-2346 **f**: 416-961-6028 **www.cdho.org**

Application for Reinstatement

General/Specialty Certificate of Registration

Making a false statement on this application could result in the rejection of the application or discipline measures up to and including revocation.

Please print in block letters and/or check the appropriate box. Should the space provided prove inadequate, please append additional information.

Personal Information									
Certificate of Registration No.: (Six-digit number)									
Surname (name used while practising as a dental hygienist)	name (name used while practising as a dental hygienist) Given Names								
Has your surname ever changed? Yes O No O									
If yes, you must include copies of documentation to support this change (e.g. marriage certificate). Please note that the documents are not required to be notarized.									
List former surname(s)									
Home Address (Street)	City	Province	Postal Code						
Telephone									
Business Name		Telephone							
Business Address (Street)	City	Province	Postal Code						
Preferred Method of Communication: Preferred Method of Communication for <i>Milestones</i> Magazine:	a) Mail: Bus. Home Home Home	b) E-mail: (
Email Address:									
FOR OFFICE USE ONLY:									
Date application received	te general certificate of registration	issued							

Dental Hygiene Practice Since Suspension										
Have you been engaged in the practice since your certificate of registration wa	as suspen		If it was not in	in Ontario, list the jurisdictions:						
If you have practised outside of Ontario, <u>Form B</u> must be completed by the regulatory body in any jurisdiction in which you have practised before upgrading your status to a general certificate of registration.										
If it has been more than three years since you were engaged in the practice of dental hygiene, you must submit proof of successful completion of a refresher course/professional competency assessment, approved by the Registration Committee of this College, within the previous 18 months.										
Professional Liability Insurance										
Name of Insurance Company:										
Policy No.:	olicy No.: Expiry Date:									
Amount of Insurance Coverage:										
Conditions of Registration										
Has your status as a Canadian citizen or a permanent resident of Canada or your authorization under the Immigration and Refugee Protection Act (Canada) to engage in the practice of dental hygiene changed since you held a general certificate of registration in Ontario?										
Have you been charged with a criminal offence, or an offence related to the regulation of the practice of the profession? (You may answer no if the charge has been heard and the verdict was not guilty.)										
Have there been or is there a current finding or proceeding against you for professional misconduct, incompetency, incapacity or any like finding either inside or outside of Ontario for any profession you are affiliated with?										
If you answered "yes" to any of the above questions, please submit a detailed explanation on a separate page. (If you are convicted of a criminal offence or a finding of guilt, a Notice of Conviction or Notice of Discharge, along with a police check dated within the previous six months must be submitted).										
Fees Required		Option A		Option B						
Annual Registration Fee for current year	\$ 250		Sub-Total	\$ 375	Sub-Total	\$ 375				
Reinstatement Fee	\$ 125		ur registration was nded the previous certificate year	;	Add \$100 if your registration was suspended the two previous certificate years	\$ 100				
Sub-Total	\$ 375		For a Total of	\$ 425	For a Total of	\$ 475				
Please submit payment for the option that applies to you.										
Payment Option # 1—By Credit Card				Payment Option # 2—By Cheque or Money Order						
Amount: CAN\$ Card No				Certified Cheque \(\triangle \frac{OR}{DR} \) Money order \(\triangle \) (payable to the CDHO in Canadian funds)						
Cardholder Name (as it appears on the card)			Please ensure to write your CDHO registration number on the cheque or money order.							
Authorized Signature				NO CASH / PERSONAL CHEQUES ACCEPTED						
I certify that the information entered on this form is accurate.										
Signature		Date								

Rev: January 2013 — Effective Feb. 11/13