



**THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA**

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**FULL REGISTRATION (365-DAY RULE EXEMPT) APPLICATION FOR PATHWAY 1**

**Application Method:**

At this time, we are able to accept the **Full Registration (365-Day Rule Exempt)** Application by hardcopy. The PDF of this application must be printed into hardcopy, completed by hand and mailed to the CDHBC office with all applicable enclosures. Please ensure you have reviewed the *Full Registration (365-Day Rule Exempt) Information Guide* prior to completing this application, available at: [http://www.cdhbc.com/Documents/365-Exempt-Reg-Info-Guide-10-2014-\(1\).aspx](http://www.cdhbc.com/Documents/365-Exempt-Reg-Info-Guide-10-2014-(1).aspx)

**1.) Contact and Registration Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (Province) (Postal Code)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

CDHBC Registration Number: \_\_\_\_\_

I am registered in the (check one):

Full Practicing registration class **OR**  Conditional registration class.

**2.) Required (HCP) CPR Certification**

Please provide information regarding your current Health Care Providers (HCP) cardiopulmonary resuscitation (CPR) qualifications:

Name of Course Provider: \_\_\_\_\_

Date of Course Completion: \_\_\_\_\_ Expiry Date of Certification: \_\_\_\_\_

**Please attach a copy of your (HCP) CPR certificate/card to this application.**

All registrants in the Full Registration (365-Day Rule Exempt) category will be required to renew their (HCP) CPR certification prior to expiry and to submit a copy of the current certificate/card to CDHBC in order to renew and maintain their CDHBC registration in the Full Registration (365-Day Rule Exempt) class.

### **3.) Completion of a Degree in Dental Hygiene from an Institution Approved by the CDHBC Board**

**Please provide evidence of completion of a Degree in Dental Hygiene from an institution approved by the CDHBC Board by completing and submitting the following information:**

I currently hold a Degree in Dental Hygiene from the following institution approved by the CDHBC Board (check one):

**The University of British Columbia**

**The University of Alberta**

**The University of Manitoba**

**Dalhousie University**

**University of Toronto**

**Other\***

**Please attach a notarized copy of your degree certificate or have a letter confirming your degree completion mailed directly to the CDHBC Registration Office from the Director or Head of the Program.**

\*If you have completed a degree in dental hygiene from a program other than those listed above, please contact the CDHBC Registration Office prior to completing this application.

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### **4.) Demonstration of a Minimum of 3500 Hours of Clinical Dental Hygiene Practice Experience**

You will be required to demonstrate a minimum of 3500 hours of clinical dental hygiene practice experience within the previous 5 years from the date of this application. The CDHBC Board defines clinical dental hygiene practice as:

***Clinical Dental Hygiene Practice** can be described as the unique provision of Dental Hygiene (DH) services involving any of the any of the following key roles, which are effectively integrated into practice: professional DH service provider, communicator and collaborator, critical thinker, coordinator, and advocate.*

*Client is an individual, family, group, organization, community or population accessing the professional services of a Dental Hygienist.*

*Clinical Dental Hygiene Practice includes paid or unpaid services provided by a Dental Hygienist, in a variety of settings, which may involve clinical, supervisory, administrative, education or research skills. Clinical Dental Hygiene Practice includes direct and indirect patient (client) care. Direct care involves "hands on" care of clients and indirect care includes those dental hygiene roles that influence clients and other dental hygienists through advocacy, health promotion, policy development, management, teaching, research or consultation.*

Based on this definition, clinical hours of dental hygiene practice may be identified and counted towards the minimum required 3500 hours to meet the criteria of the bylaw. Once you have reviewed this information provided, please proceed to page 4 of the application to complete and submit the required information to demonstrate clinical dental hygiene practice experience.

**For Registrants Who Have Been Students of a Dental Hygiene Diploma or Degree Program within the Previous 5 Years:**

If you have been a student in a Dental Hygiene Diploma or Degree program within the previous 5 years from the date of this application, a block transfer of clinical and community practice hours accumulated within that period of dental hygiene education may be claimed towards the total required minimum of 3500 hours of clinical dental hygiene practice experience, as outlined in the table below:

<b><u>Table of Block Credit Hours</u></b>	
<b>Dental Hygiene Education Program Type</b>	<b>Eligible Block Credit Hours</b>
2-year Dental Hygiene Diploma Program	874
3-Year Dental Hygiene Diploma Program, including 1 <sup>st</sup> year University Transfer Courses plus 2 years of Dental Hygiene Education.	1312
4-Year Degree of Dental Hygiene Program	1750
Dental Hygiene Degree Completion Program	437

Please note that these block transfers will be divided by the appropriate number of years to reflect the number of years of education completed within the last 5 years. For example, if only one year of the 2-year diploma fell within the previous 5 years from the date of this application, you may claim 437 Block Credit Hours (874 Block Credit Hours ÷ 2 (years) = 437).

In order to claim Block Credit Hours for the Dental Hygiene Degree Completion Program, the entire program must be complete and hours may be claimed in the year of completion, if this falls within the previous 5 years from the date of this application.

**How to Demonstrate 3500 Hours of Clinical Dental Hygiene Practice Experience:**

**Please provide information on the following page (page 4) to demonstrate a minimum of 3500 hours of clinical dental hygiene practice experience within the previous 5 years from the date of this application.**

You may wish to review your T4 slips, offer letters, publications, volunteer commitments related directly to clinical dental hygiene practice, etc, when calculating your hours of clinical dental hygiene practice experience.

Please provide as much information as needed to show a minimum of 3500 hours within the previous 5 years. Begin listing with the most current practice and end with the least current. **If more space is required, please make additional copies of the following page (page 4) and attach them to this application.**

**Demonstration of 3500 Hours of Clinical Dental Hygiene Practice Experience:**  
*(Provide the number of hours practiced within the **previous 5 years only**)*

Year(s): From: \_\_\_\_\_ to: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Contact Name or Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (province/state) (postal code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Practice Setting/Type of Practice: \_\_\_\_\_

Year(s): From: \_\_\_\_\_ to: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Contact Name or Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (province/state) (postal code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Practice Setting/Type of Practice: \_\_\_\_\_

Year(s): From: \_\_\_\_\_ to: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Contact Name or Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing address) (city) (province/state) (postal code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Practice Setting/Type of Practice: \_\_\_\_\_

**Total Number of Hours of Clinical Dental Hygiene Practice Experience:**

I have demonstrated a total of \_\_\_\_\_ hours of clinical dental hygiene practice as indicated in the above information.

**Demonstration of Block Credit Hours For Students of a Dental Hygiene Diploma or Degree Program Within the Previous 5 Years:**

Please complete the following information if you were a student of a dental hygiene diploma or degree program within the previous 5 years from the date of this application and are claiming Block Credit Hours, as per the *Table of Block Credit Hours* provided on page 3 of this application and the *Information Guide*. **Do not complete this page if this does not apply to you.** Please refer to page 3 of this application of the *Information Guide* for more information: [http://www.cdhbc.com/Documents/365-Exempt-Reg-Info-Guide-10-2014-\(1\).aspx](http://www.cdhbc.com/Documents/365-Exempt-Reg-Info-Guide-10-2014-(1).aspx)

Referencing the *Table of Block Credit Hours* on page 3, please provide the following information:

Please indicate the total number of Block Credit Hours you are claiming towards the minimum required 3500 hours of Clinical Dental Hygiene Practice Experience, by completing and submitting the following:

I am claiming a total of \_\_\_\_\_ Block Credit Hours.

I am claiming these hours towards my required minimum of 3500 hours of Clinical Dental Hygiene Practice Experience for completion of the following program(s):

Dental hygiene education program type: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Start date of program: \_\_\_\_\_ End date of program: \_\_\_\_\_

Dental hygiene education program type: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Start date of program: \_\_\_\_\_ End date of program: \_\_\_\_\_

Please refer to the *Table of Block Credit Hours* on page 3 for the options of dental hygiene education program types and corresponding Block Credit Hours.

**In order to verify the information provided above, please submit evidence of the dental hygiene education program(s) attended within the previous 5 years from the date of this application. To do so, you must submit one or more of the following items:**

- A notarized copy of the Program Certificate **OR** select the following if it applies to you:

A notarized copy of my Program Certificate has previously been sent to CDHBC, please retrieve it from my registration file \_\_\_\_\_ (check here); **or**

- An original letter sent directly from the Program Director which clearly indicates your name, the type of Program and the Program Start and End Dates.

**The total number of Block Credit Hours claimed:** \_\_\_\_\_

**For CDHBC Office Use Only:**

Clinical Dental Hygiene Practice Hours Provided on Page 6: \_\_\_\_\_

+ Block Credit Hours (if applicable): \_\_\_\_\_

Total: \_\_\_\_\_

**DECLARATION STATEMENT**

I, \_\_\_\_\_ , hereby submit my application to the College of Dental Hygienists of British Columbia for Full Registration (365-Day Rule Exempt) to practice dental hygiene in the Province of British Columbia for the remainder of the registration period. Furthermore, I certify that, to the best of my knowledge:

1. I currently meet all requirements for Full Practicing or Conditional registration as outlined in the College of Dental Hygienists of B.C bylaws.
2. I hold a current certificate in Health Care Providers (HCP) Cardiopulmonary Resuscitation (CPR) and will ensure I maintain a current certificate while I am registered in the Full Registration (365-Day Rule Exempt) class.
3. I have a minimum of 3500 hours of clinical dental hygiene practice experience within the previous 5 years from the date of this application.
4. I understand that as a Full (365-Day Rule Exempt) registrant, I will be exempt from the requirement that states my clients must have had a dental examination in the 365 days prior to receiving dental hygiene care. However, I understand that I am required to advise my clients of the need for regular dental exams and to notify the College of Dental Surgeons of B.C if dental services cannot be arranged for clients. I will refer to Tab 7 in my Registrant's Handbook for the guidelines outlining the notification requirement.
5. The information provided in this application form is true and correct.
6. I do not know of any reason, condition or circumstance why I should not be granted Full (365-Day Rule Exempt) Registration.

**For Conditional Registrants only:**

I understand that I may not administer local anesthesia and I know that my registration in this province may be renewed to a maximum period of two years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail complete application and enclosures to:**

**College of Dental Hygienists of British Columbia  
600– 3795 Carey Road, Victoria, BC, V8Z 6T8**