College of Dental Hygienists of Nova Scotia

CDHNS 11-2625 Joseph Howe Drive Halifax NS B3L 4G4
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CONTINUING COMPETENCY RECORD

«Pref_Name» **«Last_Name»**

«Address_1»
«Address_2»
«City» «Province» «Postal_Code»

Continuing Competency Guidelines are on our website at www.cdhns.ca

My C.E. Cycle is:
January 1, 2013 – December 31, 2015
45 Credits Total: 3years

Total C.E. Credit Hours: _____

As At: _____ _____

CATEGORY 1: Scientific / Clinical Experiences Minimum 15 credits				
Date	**Activity / Course Title**	**Sponsor**	**# of Credits**	**Approved – OFFICE USE ONLY**

CATEGORY 2: Development and Delivery of Dental Hygiene – Educational Activities Maximum 30 credits.				
Date	**Activity / Course Title**	**Sponsor**	**# of Credits**	**Approved – OFFICE USE ONLY**

CATEGORY 3: Professional Promotion and Responsibilities Maximum 15 credits and a minimum of 5 credits.				
Date	**Activity / Course Title**	**Sponsor**	**# of Credits**	**Approved – OFFICE USE ONLY**