Attachment A – CDHNS Registration Application

Refers to Section VIII: Quality Assurance on Registration Application

The College of Dental Hygienists of Nova Scotia
11-2625 Joseph Howe Drive, Halifax, NS B3L 4G4
PH: (902) 444-7241 FAX: (902) 444-7242 EMAIL: info@CDHNS.ca

Applicants Name: _____

Summary of Continuing Education Activities for the Most Recent Three (3) Year Period

Date	Course Attended	Speaker(s) and Sponsoring Agent	Hours

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