



**Registration and Licensing Application Checklist for 2018/19
Membership Year
College of Dental Hygienists of Nova Scotia
11-2625 Joseph Howe Drive, Halifax, NS, B3L 4G4**

I have uploaded the following supporting documents (uploaded to Member profile under Application for Registration Document Upload):	
<input type="checkbox"/>	A photocopy of my birth certificate
<input type="checkbox"/>	CDHA proof of membership and liability insurance (see below for payment options if you do not have CDHA)
<input type="checkbox"/>	A copy of my current permanent CPR certificate, at the level required by Council taken within the last 12 months. The level of CPR certification must include, at a minimum, classroom instruction and practicum experience related to: <ul style="list-style-type: none"> <input type="checkbox"/> one and two-person rescuer chest compressions for adults, children and infants; <input type="checkbox"/> one and two-person rescuer adult, child and infant bag-valve mask technique and rescue breathing; <input type="checkbox"/> relief of choking in adults, children and infants; and <input type="checkbox"/> use of an automated external defibrillator (AED).
<input type="checkbox"/>	A completed Continuing Education form – use Attachment A http://cdhns.ca/images/Attachment_A-form_A-1.pdf (does not apply to applicants who graduated within the last 35 months)
<input type="checkbox"/>	Evidence that I have practiced dental hygiene in the 3 years immediately before the date of my application (does not apply to applicants who graduated within the last 35 months)
<input type="checkbox"/>	A passport-type picture
<input type="checkbox"/>	Evidence of successful completion of the Jurisprudence NS course <i>or</i> the Self Initiation NS Course
I have had the following documents certified by either a Notary Public or Commissioner of Oaths and mailed to CDHNS (address above):	
<input type="checkbox"/>	NDHCB Certificate
<input type="checkbox"/>	Certificate of Completion of any modules completed <i>separately</i> from your DH undergrad program e.g., restorative, orthodontics, LA.
I have requested these documents to be sent directly to CDHNS (address above):	
<input type="checkbox"/>	<input type="checkbox"/> My official transcript with proof of graduation from an accredited school <i>OR</i> <input type="checkbox"/> My official transcript with proof of graduation from a non-accredited school, plus a copy of certificate of completion of a Clinical Competency Assessment in a recognized jurisdiction
<input type="checkbox"/>	Verification Forms: I have completed Part A of the <i>CDHNS Verification Form for Other Regulatory Bodies</i> and sent the form to each jurisdiction that I am currently (or was previously) certified, licensed, or registered as a dental hygienist. I have requested each jurisdiction to send the completed form directly to CDHNS.
I require additional documentation:	
<input type="checkbox"/>	My Employment Visa under Canadian Immigration Act (non-Canadian citizens only)
<input type="checkbox"/>	Copy of any English language proficiency tests completed (Only required if mother tongue is not English and/or the Dental Hygiene program was delivered in a language other than English)
<input type="checkbox"/>	I am applying to have my self-directed clinical education or experience recognized. Therefore, I have: submitted a completed letter of application Re: Self-directed clinical practice applying for the equivalent under Regulation 8 (1) (h).
<input type="checkbox"/>	I am applying to have my local anaesthesia recognized. Therefore, I have: Completed the online form Recognition of Local Anaesthetic (LA) Credentials (under Forms) and provide all required documentation (if applicable) – <i>Note: LA is not mandatory for registration in NS</i>
I have paid the required fees by certified cheque, money order, e-transfer or credit card: (Note: An invoice will be generated for you. Further payment details are provided in the invoice.)	
<input type="checkbox"/>	\$100.00 Application fee (separate) & non-refundable – must have been sent with initial application request
<input type="checkbox"/>	\$150.00 Registration fee (One-time fee)
<input type="checkbox"/>	\$466 CDHNS Practising Licence fee
<input type="checkbox"/>	\$206 or \$221 CDHA Membership fees (\$221 includes enhanced CDHA Liability Insurance), <i>if I did not provide evidence of CDHA membership: Note: For applicants intending to be licenced between Nov 1 to Dec 31, 2018, you must provide evidence of having the interim insurance coverage for this time period. While CDHA membership runs from Nov 1 to Oct 31 of each year, the insurance coverage is from Jan 1 to Dec 31. If you do not have coverage for this time period, you must obtain it directly from CDHA.</i>