



**College of
Dental Hygienists
of Nova Scotia**

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VERIFICATION OF CERTIFICATION, LICENSE OR REGISTRATION

This form may be photocopied to send to multiple regulatory bodies.

SECTION A: To be completed by applicant and forwarded with Section B to each jurisdiction where you are, or have been certified, licensed, or registered as a dental hygienist.

Surname		Given Names	
Maiden Name or Other Names (if applicable)		Birth Date (month-day-year)	
Street Address		City	
Province/State		Postal Code	Email
Home Phone		Cell or Business Phone	
()		()	
Graduated from:		In City/Province/Country:	Graduation date (month-day-year):
I was certified / licensed / registered in your jurisdiction on:			Number:
<p>I authorize _____ to provide the information requested in Section B of this</p> <p style="text-align: center;">Name of Regulatory/Licensing Body</p> <p>form and any additional information requested by the College of Dental Hygienists of Nova Scotia (CDHNS) in order to process my application for registration.</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p>			

SECTION B: To be completed by the jurisdictional regulatory body and forwarded directly to the CDHNS.

Please provide the following registration information as authorized by an applicant for registration with the CDHNS. Information provided is held in confidence.

Profession: Dental Hygienist Other _____

Certificate / License / Registration #:

Initial Registration Date:

Expiry Date:

DH Certificate, License Registration Status:	<input type="radio"/> active	<input type="radio"/> inactive
	<input type="radio"/> conditional	<input type="radio"/> other (explain)
	<input type="radio"/> temporary	

Has this person provided you with evidence of graduation (e.g. diploma or transcript) from the DH program listed in Section A? Yes No

Has this person ever been authorized to self-initiate care (engaged in self-directed clinical practice) in your jurisdiction?
 Yes No Not applicable in our jurisdiction If yes, please include date authorized: _____

Has this person provided you with evidence of holding NDHCB Certification? Yes No
 If "Yes, provide NDHCB # and effective date: _____ If "No" explain why not: _____

Has this person's certificate/license/registration ever been denied, restricted, suspended or cancelled? Yes No

Is this person's certificate/license/registration currently restricted, suspended, cancelled or under review? Yes No

Has this person ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her or him? Yes No

Is this person currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding? Yes No

If the answer to one or more of the preceding 4 questions above is "Yes", please provide further information below or on a separate document.

(SEAL)	Signature:
	Print Name:
	Title:
	Name of Regulatory / Certification / Print Name: Licensing Body:
	Province / State/ Country:
	Date: