



## Registrant Portal How-To Guide

**Portal Link:** <https://acdhportal.azurewebsites.net/>

Last updated: August 6, 2024

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### ACCESSING THE PORTAL

For step-by-step instructions on accessing the Portal for the first time, read the [Registrant Portal Access Instructions](#).

# ADVANCED RESTRICTED ACTIVITIES: RECORDS & APPLICATION

To apply for Advanced Restricted Activities (ARA) authorization or to see your existing ARA records, click the Advanced Restricted Activities tab in the Portal.



Profile **Advanced Restricted Activities** Continuing Competence Practice Hours Employment Educal

Library

**Please ensure that you have read the current ACDH Advanced Restricted Activities (ARA) Policy in detail before completing your ARA application.**

[Advanced Restricted Activities Policy](#)

Registered dental hygienists who wish to incorporate advanced restricted activities into their practice must first successfully complete Council-approved advanced education and be officially authorized by the College to practice the restricted activity.

Any existing ARA Authorizations will be listed on this page below your CPR records.

If you are applying for ARA authorization, ensure that you read through the list of application requirements listed on this page thoroughly. The link to the application form for ARA Authorization is located at the bottom of the page. **Click the link at the bottom of the page to fill out the application form.**

~~\*A registrant must not perform the Advanced Restricted Activity until they have been notified in writing that their application has been approved and their name has been added to the respective CRDHA Roster.~~

[Apply for Advanced Restricted Activity Authorization](#)

# CONTINUING COMPETENCE: ADDING NEW LEARNING ACTIVITIES

Go to the “Continuing Competence” tab in the Portal. At the top of the page you will see your reporting period and a summary of your credits.

Category	Maximum Credits	Credits Reported	Eligible Credits
Unlimited	-	7.00	7.00

Below this you will see a detailed table of your previously entered Continuing Competence activities.

## Uploading a New Learning Activity:

- **Check the Continuing Competence table to make sure that you have not previously uploaded this activity for credit.** Only activities that have been submitted within your current reporting period are available in this table. You can only add new activities that were completed within your current reporting period.
- Click the "Record a New Continuing Competency Activity" link **below your table of activities** to be taken to the uploading form.

[Record a New Continuing Competence Activity](#)

[Submission for Credit - Volunteering Form](#)

[Request for Pre-determination of Program Credits Form](#)

Once in the form, your registrant details and reporting period will auto-populate. You cannot change this information in the form.



Enter the required information in the form, including start date, completion date, activity category, activity title, instructors/presenters, sponsor, and number of credits.

**Submit Professional Development Records**

**Registrant Details**

Registration Number: T0001

First Name: Janice

Middle Name: Banana

Last Name: Chocolate-BonBon

**Continuing Competence Record**

Current Reporting Period: Nov 01, 2021 - Oct 31, 2024

**Professional Development Activities**

ACDH practising registrants must provide evidence of 45 credits of professional development within each assigned 3-year reporting period commencing November 1 following registration with the ACDH. Credits can be obtained in two categories - Category limited and unlimited. Refer to the current ACDH Continuing Competence Program Manual posted on the ACDH website for further details.

Credits for learning activities should be claimed hour-for-hour. For example, an activity that took one hour and 15 minutes should be claimed for 1.25 credits.

(Note: You cannot enter activities that start or end in the future. Only enter activities you have already completed.)

If you are uploading a corresponding document (e.g. certificate), select "Yes" next to "I will be uploading supporting documents" and upload your documents in the section below in the form.

If you select "No," you must fill out the self-reflection questions instead.

Once you have entered the activity information and either uploaded documents or answered the self-reflection questions, certify the information and type your full name at the bottom of the page.

**Continuing Competency Record**

Start Date (DD/MM/YYYY) \*

Completion Date (DD/MM/YYYY) \*

Activity Category \*

Activity Title \*

Instructor(s)/Presenter(s) \*

Sponsor \*

Number of Credits \*

**Declaration**

I certify that I have attended the course or participated in the activity described in this record. The number of hours requested does not exceed the number of hours attended.

I understand that, as per CCP Rules Section 3.1, I must retain supporting documentation for all learning activities reported.

I understand that I may be required to provide supporting documentation for this learning activity upon request and / or if I am selected for a CCP audit.

Certification \*  I certify

I acknowledge and agree that if I submit this document electronically and insert, my full name below, it is equivalent to my original ink signature.

Signature \*

\* Required

**Submit** **Close**

Click "Submit." Return to your "Continuing Competence" tab in the Portal and refresh the page. Your changes will be reflected on this page.

# CONTINUING COMPETENCE: EDITING YOUR LEARNING ACTIVITIES

**Reminder: Learning activities that were uploaded to the previous Registrant Database will only be available to view and edit in the Portal if they were:**

- reported within your current Reporting Period, AND
- submitted to the previous Database before January 1, 2022.

To edit a learning activity, go to the “Continuing Competence” tab in the Portal. At the top of the page you will see your reporting period and a summary of your credits. Below this you will see a detailed table of your previously entered Continuing Competence activities.

### Editing a previously submitted learning activity:

- You will see the edit button on the right hand side of the Continuing Competence table.
- The blue pen icon under this column is clickable and will take you to an editing form in a new window. **This icon will only appear if you are in the Details view of the table.**
- 

Edit	Completion Date	Title	Document	Sponsor	Credits Reported	Eligible Credits	Sub-Category	Category
	2022-04-23	Researching for Leadership Improvement and Educational Reform (GRADEDUC 9725B)		Western University	39.0	39.0	8.1.2 Formal Advanced Education Courses or Programs	Unlimited
	2022-07-07	Fluoridation cessation and oral health equity: a 7-year post-cessation study of Grade 2 schoolchildren in Alberta, Canada		Canadian Journal of Public Health	15.0	15.0	8.1.7 (a) Publications	Unlimited
	2022-08-16	BLS Provider		Heart & Stroke Foundation	2.5	2.5	8.1.5 CPR	Unlimited

Once you click the pen icon for a specific learning activity under the Edit column, the form to Update Continuing Competency will open in a new tab.

**Once you are in the form, choose the "Update" option to edit the activity you selected.**

From here, you can edit the start date, completion date, activity category, activity title, instructors/presenters, sponsor, and number of credits. You can also upload new documentation (e.g., certificates) for your learning activity.

Credits for learning activities should be claimed hour-for-hour. For example, an activity that took one hour and 15 minutes should be claimed for 1.25 credits.

The self-reflection questions will also appear below the documentation options. Self-reflection questions are only required if you are not uploading new documentation, or you did not previously upload relevant documentation.

Once you have completed your edits, certify the form and type your full name. Click "Submit." You will see the changes you made reflected in the "Continuing Competence" tab once you have refreshed the page.

Go to the "Continuing Competence" tab in the Portal. At the top of the page you will see your reporting period and a summary of your credits. Below this you will see a detailed table of your previously entered Continuing Competence activities.

**Deleting a previously submitted learning activity:**

- Click the blue pen icon under the "Edit" column on the right hand side of your Continuing Competence entries table. **This icon will only appear if you are in the Details view of the table.**

Edit	Completion Date	Title	Document	Sponsor	Credits Reported	Eligible Credits	Sub-Category	Category
	2022-04-23	Researching for Leadership Improvement and Educational Reform (GRADEDUC 9725B)		Western University	39.0	39.0	8.1.2 Formal Advanced Education Courses or Programs	Unlimited
	2022-07-07	Fluoridation cessation and oral health equity: a 7-year post-cessation study of Grade 2 schoolchildren in Alberta, Canada		Canadian Journal of Public Health	15.0	15.0	8.1.7 (a) Publications	Unlimited
	2022-08-16	BLS Provider		Heart & Stroke Foundation	2.5	2.5	8.1.5 CPR	Unlimited

Once you click the pen icon for a specific learning activity under the Edit column, you will be taken to the Update Continuing Competency form in a new tab.

**To delete the activity you selected, choose the "Void" option in the form.**

- At the bottom of the form, select "Yes" to confirm that you would like to delete the record.
- Type your full name and click "Submit."

Return to your "Continuing Competence" tab in the Portal and refresh the page. Your changes will be reflected on this page.

**PRACTICE HOURS: REQUEST FOR CORRECTION**

Note: You are not able to enter or update Practice Hours for a **past reporting period**. For example, if your current three-year reporting period is 2020 – 2023, you cannot update your Practice Hours for the 2019 – 2020 permit year or earlier.

The form to enter your Practice Hours for the *current* permit year is only available in the Renewal tab during the annual Renewal period each year. The form to enter your Practice Hours for the 2022 – 2023 permit year will be available during the Renewal period in September and October 2023.

To update or enter your Practice Hours for a past permit year within your current reporting period (e.g., November 1, 2021 – October 31, 2022, if that permit year falls within your current reporting period), use the Request for Practice Hours Correction form in the “Practice Hours” tab.

General Continuing Competence **Practice Hours** Payment Summary

The form to enter your Practice Hours for the current permit year is only available in the Renewal tab during the annual Renewal period each year. If you are missing a value or need to update the practice hours from a past permit year in your current reporting period, please use the form below. Please note, you are not able to enter or update hours for a past reporting period.

Current Reporting Period: Nov 01, 2020 - Oct 31, 2023  
Minimum Hours Required: 600

Nov 01, 2020 - Oct 31, 2023

Permit Year	Practice Hours
Nov 01, 2020 - Oct 31, 2021	1862
	<b>1862</b>

[Request for Practice Hours Correction](#)

If your reporting period is 2022-2025 or 2023-2026: You will not see any previously submitted Practice Hours. Instead, the information in this tab will read, "You Have not Entered Any Records Yet." You will submit your 2022-2023 Practice Hours when the Renewal period opens in fall 2023.

If you are missing a value or need to update the practice hours in your current reporting period, please use the form below. Please note, you are not able to enter or update hours for a past reporting period.

Current Reporting Period: Nov 01, 2021 - Oct 31, 2024  
Minimum Hours Required: 600

You Have Not Entered Any Records Yet.

[Request for Practice Hours Correction](#)

## VULNERABLE SECTOR CHECK (VSC)

You can view the final year of your reporting period and VSC requirements by clicking on the **VSC** tab.

## IF YOU ARE IN THE FINAL YEAR OF YOUR REPORTING PERIOD

The page in the VSC tab will list the final year of your reporting period and a link to the Registration and Renewal Policy.

If you are required to submit a VSC this year, you will see the green status bar and a box that reads, "You are required to submit a Vulnerable Sector Check."

The screenshot shows the VSC tab selected in a navigation menu. The main content area contains the following text:

You are required to obtain and provide a vulnerable sector check (VSC) document to the College within the final year of your reporting period.

The final year of your reporting period is November 1, 2023 to October 31, 2024

Click here to view the Vulnerable Sector Check requirements in Section 4 of the [Registration and Renewal Policy](#).

STEP 1. WAITING FOR SUBMISSION

A progress bar shows four steps: 1 (green, active), 2 (blue), 3 (blue), and 4 (blue).

Step 1: Waiting for Submission	You have not submitted a vulnerable sector check. Click the Vulnerable Sector Check link in the Links table
Step 2: Processing	Your vulnerable sector check is being reviewed by College staff. You will be notified if anything further is required. Please check here for updates.
Step 3: Requires Action	The process is on hold until you provide the required information. Please check your email for more information.
Step 4: Verified	Your vulnerable sector check has been verified by College staff. No further action is required.

At the bottom, a yellow box contains the text: "You are required to submit a Vulnerable Sector Check."

To submit your VSC, click the "Vulnerable Sector Check" link at the bottom of the Links table on the right-hand side of any page in the Portal.

The screenshot shows a "Links" table with the following items:

- Registrant Portal How-To Guide
- Renewal How-To Guide
- Portal Tips
- Name Change Request Form
- Email Change Request Form
- Update Registrant Contact
- Update Education Information
- Add Employment Information
- Update Other Professional Registrations
- Cancel My Registration
- Letter of Good Standing Request Form
- Advanced Restricted Activity Authorization Form
- Vulnerable Sector Check**

## Submitting your Vulnerable Sector Check Form



The VSC form will open in a new tab once you click the Vulnerable Sector Check link in the links list.

The VSC form cannot be saved and must be completed in one sitting. Have your VSC document ready and saved on your device before you begin so you can upload it to the form.




Your VSC must be:

- Issued within Canada
- Issued within the last year of your three-year reporting period (November 1 to October 31)
- Clear and legible
- Not password-protected
- Not a criminal record check

Your registration number, name, email address, and reporting period will be listed in the form and cannot be changed.

Registrant Details	
Registration Number	9999
First Name	Regina
Middle Name	Deborah
Last Name	Hyfield
Primary Email (RBH)	RDH@gmail.com
Current Reporting Period	Nov 01, 2021 - Oct 31, 2024

Select the issue date of your VSC using the calendar drop down menu.

Vulnerable Sector Check	
Issue Date * 	04/02/2024 
Upload Vulnerable Sector Check Document *	
I declare that my vulnerable sector check has not expired during my current reporting period. *	
<input type="radio"/> Yes	

04/02/2024

< JANUARY 2024 >

SU	MO	TU	WE	TH	FR	SA
31	1	2	3	4	5	6
7	8	Monday, January 01, 2024				13

In most cases, the issue date will be at the bottom of the form or letter, next to the name or signature of the person who completed the check. However, checks from the Calgary Police Service have the issue date at the top of the letter.

You must select “Yes” to declare that your VSC was issued within the last year of your reporting period.

IF THERE WERE NO POSITIVE FINDINGS (E.G., CRIMINAL RECORDS) ON YOUR VSC

Select “No” to answer the question, “Were any records or findings identified on your vulnerable sector check?”

If there are no positive findings on your VSC, and you have never informed the College previously of any records, your answer will be “No” to the question, “Has the College previously been informed of any of your records or findings in the past?”

#### Criminal Offence Disclosure

Were any records or findings identified on your vulnerable sector check? \*

Yes  No

Has the College previously been informed of any of your records or findings in the past? \*

Yes  No

Enter your full name into the Signature Box as your electronic signature.

#### Declaration and Signature

I acknowledge and agree that if I submit this document electronically and insert my full name below, it is equivalent to my original ink signature.

Date of Submission

26/02/2024



Signature \*

Regina Debora Hyfield

Click “Submit” to submit the form to the College.

\* Required

Submit

Close

Once you have submitted the form, refresh your VSC tab in the Portal. You will see that your VSC has been submitted and you are now on Step 2: Processing. This means that your VSC will be reviewed by College staff.

**STEP 2. PROCESSING**

Step 1: Waiting for Submission  
You have not submitted a vulnerable sector check. Click the Vulnerable Sector Check link in the Links table.

Step 2: Processing  
Your vulnerable sector check is being reviewed by College staff. You will be notified if anything further is required. Please check here for updates.

Step 3: Requires Action  
The process is on hold until you provide the required information. Please check your email for more information.

Step 4: Verified  
Your vulnerable sector check has been verified by College staff. No further action is required.

Search:

Reporting Period	Document	Title	Issue Date	Status
Nov 01, 2021 - Oct 31, 2024		Vulnerable Sector Check	2024-02-04	

Previous  Next

If any additional information is required from you, College staff will pass your form back to you. You will be able to access your form and resubmit it from the Registrant Portal.

Once your form has been reviewed and verified by College staff, it will show as Verified in the VSC tab.

**STEP 4. VERIFIED**

Step 1: Waiting for Submission  
You have not submitted a vulnerable sector check. Click the Vulnerable Sector Check link in the Links table.

Step 2: Processing  
Your vulnerable sector check is being reviewed by College staff. You will be notified if anything further is required. Please check here for updates.

Step 3: Requires Action  
The process is on hold until you provide the required information. Please check your email for more information.

Step 4: Verified  
Your vulnerable sector check has been verified by College staff. No further action is required.

Search:

Reporting Period	Document	Title	Issue Date	Status
Nov 01, 2021 - Oct 31, 2024		Vulnerable Sector Check	2023-11-01	

Previous  Next

IF THERE ARE POSITIVE FINDINGS (E.G., CRIMINAL RECORDS) ON YOUR VSC  
Select “Yes” to answer the question, “Were any records or findings identified on your vulnerable sector check?”

If you did previously inform the College about your records (e.g., on your Renewal declaration), select “Yes” to the question, “Has the College previously been informed of any of your records or findings in the past?” If this is the first time you have informed the College of your records, select “No.”

Provide complete answers to the additional questions that pop-up when you select “Yes” to the question about records or findings. **All questions are mandatory.**

Criminal Offence Disclosure

Were any records or findings identified on your vulnerable sector check? \*

Yes  No

Has the College previously been informed of any of your records or findings in the past? \*

Yes  No

Date of Criminal Offence \*

Nature of Criminal Offence \*

Explanation of Criminal Offence \*

Description of Court Proceedings \*

Description of sentence imposed \*

If you have additional documents related to your records (e.g., court transcripts, letter from a psychologist), upload these documents into the form.

Use the boxes below to upload documents relevant to your criminal offence(s) (e.g., court transcripts, letters/references, etc.)

Additional Document 1 Title	<input type="text"/>
Upload Additional Document 1	Select from device
Additional Document 2 Title	<input type="text"/>
Upload Additional Document 2	Select from device
Additional Document 3 Title	<input type="text"/>
Upload Additional Document 3	Select from device

Enter your full name into the Signature Box as your electronic signature.

Declaration and Signature

I acknowledge and agree that if I submit this document electronically and insert my full name below, it is equivalent to my original ink signature.

Date of Submission	<input type="text" value="26/02/2024"/>
Signature *	<input type="text" value="Regina Debora Hyfield"/>

Click "Submit" to submit the form to the College.

\* Required

<input type="button" value="Submit"/>	<input type="button" value="Close"/>
---------------------------------------	--------------------------------------

Once you have submitted the form, refresh your VSC tab in the Portal. You will see that your VSC has been submitted and you are now on Step 2: Processing. This means that your VSC will be reviewed by College staff.

**STEP 2. PROCESSING**

Step 1: Waiting for Submission  
You have not submitted a vulnerable sector check. Click the Vulnerable Sector Check link in the Links table.

Step 2: Processing  
Your vulnerable sector check is being reviewed by College staff. You will be notified if anything further is required. Please check here for updates.

Step 3: Requires Action  
The process is on hold until you provide the required information. Please check your email for more information.

Step 4: Verified  
Your vulnerable sector check has been verified by College staff. No further action is required.

Search:

Reporting Period	Document	Title	Issue Date	Status
Nov 01, 2021 - Oct 31, 2024		Vulnerable Sector Check	2024-02-04	

Previous 1 Next

If any additional information is required from you, College staff will pass your form back to you. You will be able to access your form and resubmit it from the Registrant Portal.

Once your form has been reviewed and verified by College staff, it will show as Verified in the VSC tab.

**STEP 4. VERIFIED**

Step 1: Waiting for Submission  
You have not submitted a vulnerable sector check. Click the Vulnerable Sector Check link in the Links table.

Step 2: Processing  
Your vulnerable sector check is being reviewed by College staff. You will be notified if anything further is required. Please check here for updates.

Step 3: Requires Action  
The process is on hold until you provide the required information. Please check your email for more information.

Step 4: Verified  
Your vulnerable sector check has been verified by College staff. No further action is required.

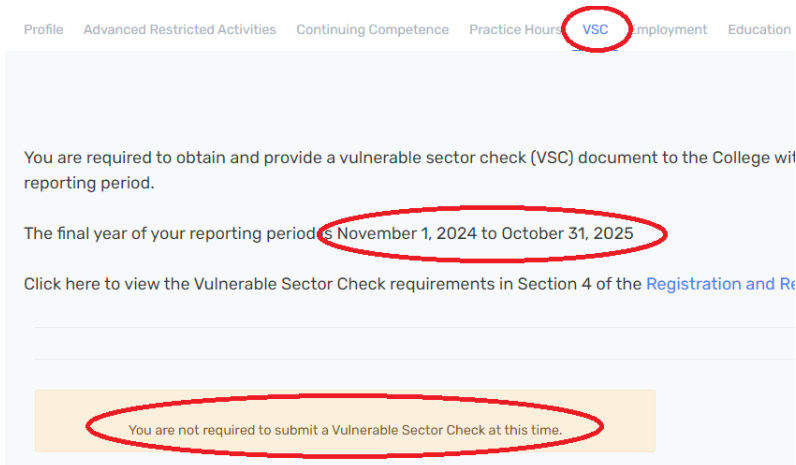
Search:

Reporting Period	Document	Title	Issue Date	Status
Nov 01, 2021 - Oct 31, 2024		Vulnerable Sector Check	2023-11-01	

Previous 1 Next

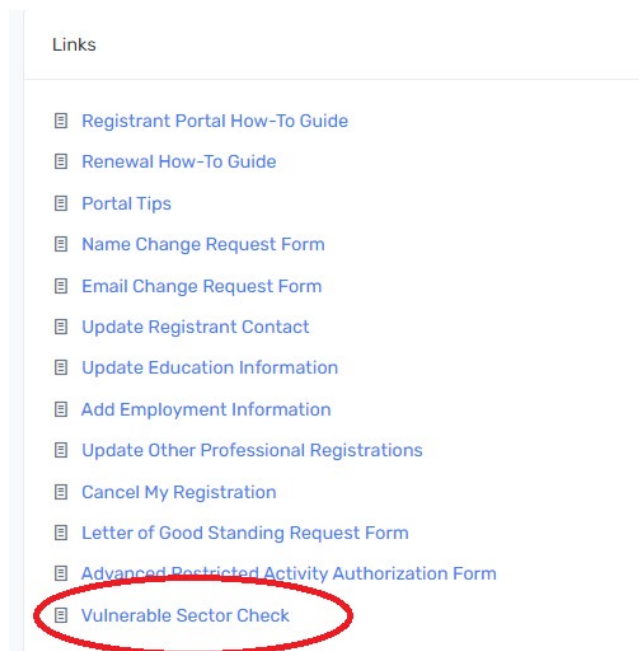
**IF YOU ARE *NOT* IN THE FINAL YEAR OF YOUR REPORTING PERIOD**

The page in the VSC tab will list the final year of your reporting period and a link to the Registration and Renewal Policy. If you are *not* in the final year of your reporting period, you will see a yellow box indicating that you are not required to submit a vulnerable sector check at this time.



You may see a link for the Vulnerable Sector Check form in the Links list on the right hand side of any page in the Portal. This does not mean you are required to submit the form.

If you are not in the final year of your reporting period, the link to the form will open, but you will not be able to submit the form.



# PROFESSIONAL LIABILITY INSURANCE (PLI)

You can view previous PLI policies and upload new policies by clicking on the **PLI** tab.

In the tab, you will see a button to "Upload New Professional Liability Insurance Certificate."

Underneath that will be a table of your existing PLI entries. These entries will be listed from newest to oldest.



Any of your PLI policies that were reviewed by staff at registration or renewal will have a green "Verified" status. Entries from 2022 or later will have a blue document button, which you can click to view your past policy document.

**Upload New Professional Liability Insurance Certificate**

Search:

Edit	Insurance Provider	Policy Number	Effective Date	Expiry Date	Proof of Professional Liability Insurance	Status
	CDHA	5353106	2025-01-01	2025-12-31		Submitted
	CDHA	5353106	2024-01-01	2025-01-01		Verified
	Dental Hygienists Association of Alberta	5557200	2023-11-01	2024-10-31		Verified

Previous 1 Next

**To add a new PLI policy:** Click the blue "Upload a New Professional Liability Insurance Certificate" button above the table. Your PLI for the entirety of the upcoming permit year (November 1 to October 31) must be uploaded using this form prior to beginning your Renewal form each year.

In the PLI form, your name, registration number, and email address will auto-populate. After you view the examples of acceptable proof of insurance shown in the form, you can enter the information for your upcoming policy. Type the name of the insurance provider and policy number. Ensure that when you enter the Effective Date and Expiry Date, you enter the dates listed on the policy, not the date that you are filling out the form.

**Upload Professional Liability Insurance**

Insurance Provider \*

Policy Number \*

Effective Date (dd/mm/yyyy) \*

Expiry Date (dd/mm/yyyy) \*

Proof of Professional Liability Insurance \*


**End of Form**

\* Required



Upload a clear, legible insurance policy document that shows your full name, the policy start and end dates, the policy number, and the coverage amount. Read the [Registration and Practice Permit Renewal Policy](#) to ensure that your PLI entry and documents meet the requirements. Membership cards and receipts are not proof of professional liability insurance and will not be accepted.

Examples of acceptable PLI certificates:



Please direct inquiries to:  
**PROLINK Insurance Inc.** (doing business as PROLINK Insurance Advisors in British Columbia and Lee Insurance) (PROLINK in Quebec)  
 150 King Street W., Suite 2401, P.O. Box 16  
 Toronto, Ontario, M5H 1Z9  
 Telephone: 416-595-1048  
 Facsimile: 416-595-1049  
 Toll Free: 800-963-8928  
 prolink.insure

**DENTAL HYGIENISTS ASSOCIATION OF ALBERTA**  
**CERTIFICATE OF INSURANCE – PROFESSIONAL LIABILITY INSURANCE PROGRAM**

Certificate Number: [REDACTED]

- SPONSORING ENTITY:** Dental Hygienists Association of Alberta
- MASTER POLICY PERIOD:** October 31, 2023 to October 31, 2024  
12:01 a.m. standard time at the address stated in item 3.
- NAME AND ADDRESS OF THE NAMED INSURED:** [REDACTED]  
  
Entity Extension:
- POLICY PERIOD:** from October 31, 2023 to October 31, 2024  
12:01 a.m. standard time at the address stated in item 3.
- LIMITS OF LIABILITY:**  
Professional Liability: \$3,000,000.00 per Claim for Coverages A and B (including Claim Expenses)  
\$5,000,000.00 Aggregate Limit of Liability each Policy Period for Coverages A and B (including Claim Expenses)
- DEDUCTIBLE:** \$0.00 per Claim
- PROFESSIONAL CAPACITY:** Registered Dental Hygienist

This Certificate of Insurance is subject to all of the terms, conditions, limitations and exclusions contained in Master Policy No. NPL1003538 issued on behalf of the Sponsoring Entity.

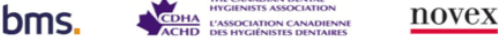
In witness whereof, the Insurer has caused this Certificate of Insurance to be signed by its authorized representative.

**PROLINK INSURANCE INC.**  
  
*M. Bayina*  
Authorized Representative

Dated: August 23, 2023

This policy contains a clause that may limit the amount payable

196 MarCert-PL (07/21) Trisura Guarantee Insurance Company Page 1 of 1



**PROFESSIONAL LIABILITY INSURANCE**  
(Claims Made Form)

(A version of this form is available in French on page 2 / French version follows on page 3)

**FOR THE MEMBERS OF THE CANADIAN DENTAL HYGIENISTS ASSOCIATION**

Novex Policy Number: 55 [REDACTED]

<b>Named Insured:</b> [REDACTED]	<b>Declaration page:</b> Certificate of Insurance No. [REDACTED] <input checked="" type="checkbox"/> Renewal
<b>Policy Period From:</b> January 01, 2024	<b>To:</b> January 01, 2025
12:01 a.m. standard time at the postal address of the Named Insured stated herein, without tacit renewal.	
<b>Professional Services:</b> Dental Hygiene Services	
<b>Underwriter:</b> Novex Insurance Company, 700 University Avenue, Toronto, ON M5G 0A1	

ERRORS AND OMISSIONS LIABILITY FORM (PE01)	
INDIVIDUAL PROFESSIONAL LIABILITY	
<b>Limit per claim</b>	\$1,000,000.00
<b>Aggregate Limit</b>	\$5,000,000.00
<b>Legal Expense Insurance</b>	\$75,000 per claim / \$150,000 aggregate
<b>Criminal Defence Reimbursement</b>	\$150,000 per claim / aggregate
<b>Loss of Earnings</b>	\$750 per day
<b>Sexual Abuse Therapy &amp; Counselling Fund</b>	\$20,000 aggregate
<b>Libel and Slander Extension</b>	\$25,000 per claim / aggregate
<b>Breach of Copyright</b>	\$15,000 per claim / aggregate
<b>Extended Reporting Period</b>	24 months
<b>Defence Costs – Quebec Civil Code</b>	
<b>Coverage Territory</b>	Worldwide for claims brought forward and defended in Canada
<b>Master Policy Endorsement (PE08)</b>	Included
<b>Declaration of Emergency Endorsement (PE36)</b>	Included
<b>Deductible</b>	NIL

**DECLARATIONS**  
 Novex Insurance Company, hereinafter called the Insurer, agrees to insure subject to the statement contained in the Declarations, the Insured in accordance with the Terms, Conditions, Forms, Riders and Endorsements of this Policy.  
 In consideration of the premium stated, the Insurer(s) will indemnify the Insured in accordance with the terms, conditions and exclusions of the Policy and attached forms and endorsements.

Insurance is provided for only those coverage(s) for which forms and endorsements are attached and specific amounts of insurance are stated.

**Broker:** BMS Canada Risk Services Ltd.  
 In witness whereof the Insurer has duly executed this policy, provided however that this policy shall not be valid or binding unless countersigned by a duly Authorized Representative of the Insurer.

Date: August 21, 2023  
 Countersigned Authorized Representative: *Chelsea Howard*

BMS Canada Risk Services Ltd., 825 Exhibition Way, Suite 206, Ottawa, ON K1S 5J3  
 Toll Free: 1-855-318-6557 Email: cdha.insurance@bmsgroup.com Website: cdha.bmsgroup.com E008/13

Once you have completed the form, click "Submit." Refresh the PLI tab in the Registrant Portal and you will see your new entry listed at the top of the table with a status of "Submitted."

**To edit an existing PLI entry:** Your PLI entries can only be edited before they have been verified or accepted at Renewal. To edit a PLI entry with the status of "Submitted," click the blue pencil icon at the beginning of the row. This will take you to the Professional Liability Insurance form. Update the policy information as necessary and click "Submit." Refresh the PLI tab in the Registrant Portal to see the changes to your policy entry.

## EMPLOYMENT

You can view the employment information that the College has on file for you by clicking on the **Employment** tab.

## Employment

To add new employment, please click the Add Employment Information form under "Links" on the right side of this page




**Current Employment Status:**   On maternity/parental leave

You will see the *Active* Employment Records table, which will list your self-reported current places of employment. Below that, you will see the *All* Employment Records, which will list both current and previously reported places of employment.

To edit an employment entry, scroll to the far right side of the table until you see the "Edit" column. You may need to scroll across your screen to see this column. The blue pen icon under this column is clickable and will take you to an editing form in a new window.

Active Employment Records ▼

Search:

Place of Employment	Employer Phone	Employer Email	Employment Category	Practice Setting	Time Status	Edit
Sparkly Smiles	4032481564	sparkles@smilez.com	DH Practice Owner	Dental Hygiene Practice	Full time	
Lethbridge Your Gap	4038746912	info@yourgap.ca	DH Practice Owner	Dental Hygiene Practice	Full time	
Chamber of Teeth	4033846175	info@chamberteeth.ca	Employee	Dental Hygiene Practice	Part time	

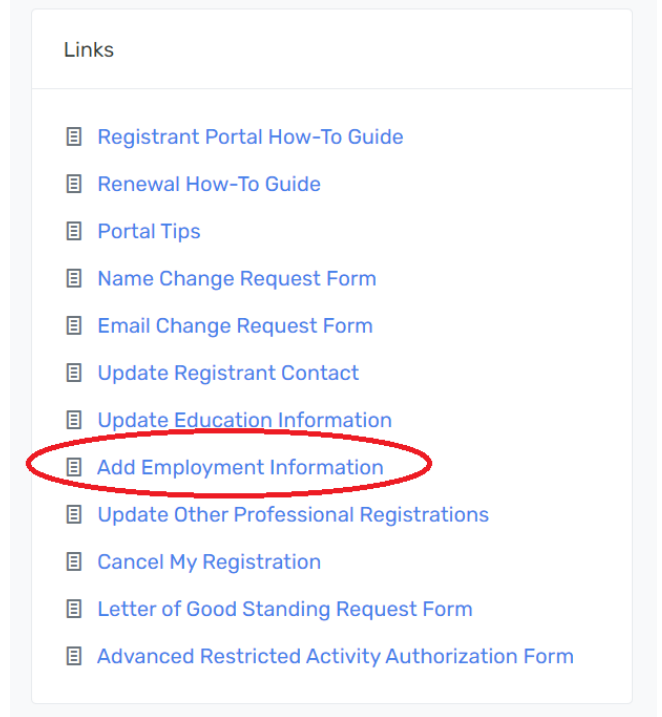
Previous   **1**   Next

To add a new employer, click the “Add Employment Information” link on the Links list on the right-hand side of the page.

Once you are in the Employment Information form, you can begin editing, adding, and deleting employment information.

Input the following information for each employment record:

- If it is a current employer.
- If it is your primary employer. **Note: You can only select ONE primary employer. If you are deleting a record, do NOT select that record to be your primary employer.**
- The full address of the employer, including city, province or state, postal or zip code, and country.
- The contact information of the employer, including phone and email.
- The type of practice setting.
- Whether your employment was/is full-time, part-time, or other.
- Your start date, and if applicable, end date. **Note: The end date for a place of employment is not required if you are currently employed there and have indicated that it is a current employer.**



You may see duplicate employment records due to a past technical error. You can delete a duplicate entry by selecting “Yes” in the “Delete Record?” column. Ensure that the records you are deleting are not your Primary employer.

Once you have entered the correct required information for each employer, type your name in the Signature box at the bottom of the page and click “Submit.”

If you receive an error message, correct the identified errors before attempting to Submit again.

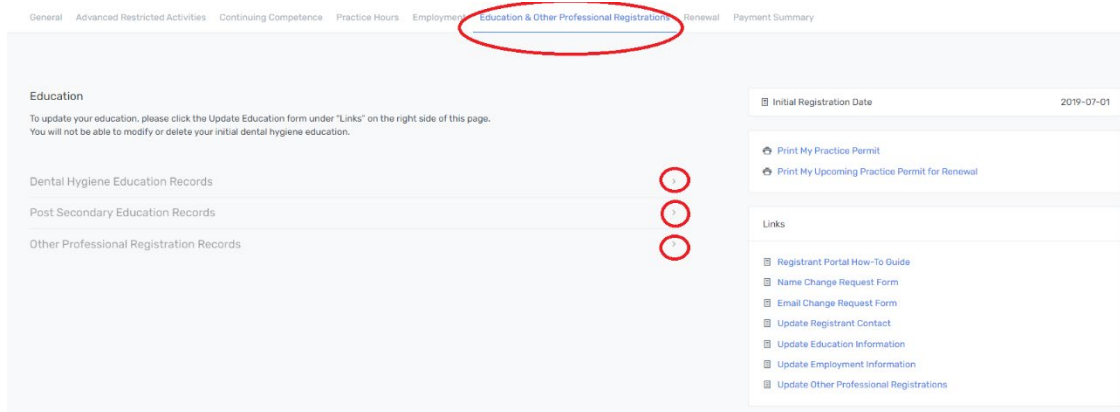
Once you have successfully submitted the form, return to the Registrant Portal and refresh your **Employment** tab. Your changes should be displayed right away in this tab.

## EDUCATION & OTHER PROFESSIONAL REGISTRATIONS

**You can view the education information that the College has on file for you by clicking on the Education & Other Professional Registrations tab. You can also view the professional registration**

**information** that the College has on file for you in this tab. To see instructions for viewing and editing professional registration information, continue reading this guide.

If you do not immediately see educational records listed, you may need to select the arrows on the right hand side of the page to expand each section.



Review the information listed.

**Education**

To update your education, please click the Update Education form under "Links" on the right side of this page. You will not be able to modify or delete your initial dental hygiene education.

**Dental Hygiene Education Records**

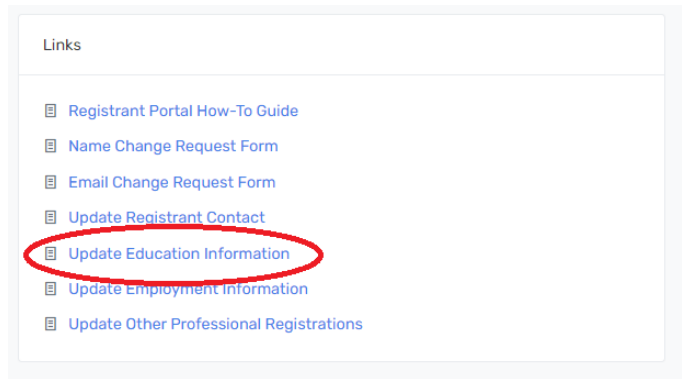
Education Program	Education Level	Graduation Date	City	Province	Country
University of Alberta	Masters	2022-06-17	Edmonton	Alberta	Canada
University of Calgary	Diploma	2020	Edmonton	Alberta	Canada

**Post Secondary Education Records**

Education Institution	Education Level	Field of Study	Graduation Date	City	Province	Country
Lethbridge University	Diploma	Accounting	12022-05-31	Lethbridge	Alberta	Canada
University of Alberta	Masters	Leadership	12022-05-30	Edmonton	Alberta	Canada

**Other Professional Registration Records**

If this information in this tab is incomplete or out of date, click on the **Update Education Information** link on the right hand side of the page.



Once you are in the Education Information form, you can begin editing, adding, and deleting your education information.

**Note: You cannot edit the entry for the Dental Hygiene Education which was used as the basis for your initial registration with the College.** For example, if you were granted registration based on your dental hygiene diploma, you will not be able to edit the entry for that diploma. If you need any corrections to be made to this information, please info [info@crdha.ca](mailto:info@crdha.ca).

Credentialed Granting Dental Hygiene Education

The Dental Hygiene Education used to grant your initial registration cannot be edited. If you wish to adjust this entry, please contact the CRDHA directly.

Education Institution	Other Institution	Education Level	Graduation Date	City	Province	Non-Canadian Province or State	Country	Language	Other Language
University of Calgary		Diploma	30/06/2020	Edmonton	Alberta		Canada		

Begin by selecting whether you would like to update your Dental Hygiene Education, other Post Secondary Education, or both types of education.

**To edit an existing record,** enter the necessary updates in the appropriate column. In order to submit the form, you must enter the required information for any box or button with a red star indicating that it is required.

**To delete an existing record,** select “Yes” under the “Delete Record?” column. **Note: The form will require you to fill out complete information for records that you are deleting.**

**To add an existing record,** click the “Add Additional Dental Hygiene Education” button or “Add Additional Post Secondary Education” button under the appropriate table. Fill out all the required fields for the new entry.

Once you have entered the correct required information for each education record, type your name in the Signature box at the bottom of the page and click “Submit.”


If you receive an error message, correct the identified errors before attempting to Submit again.


Once you have successfully submitted the form, return to the Registrant Portal and refresh your **Education & Other Professional Registrations** tab. Your changes should be displayed right away in this tab.


You can also view the **professional registration information** that the College has on file for you in this tab. If you do not immediately see any records listed, you may need to select the arrows on the right hand side of the page to expand each section.

General   Advanced Restricted Activities   Continuing Competence   Practice Hours   Employment   **Education & Other Professional Registrations**   Renewal   Payment Summary

**Education**  
To update your education, please click the Update Education form under "Links" on the right side of this page. You will not be able to modify or delete your initial dental hygiene education.

Dental Hygiene Education Records 

Post Secondary Education Records 

Other Professional Registration Records 

Initial Registration Date: 2019-07-01

[Print My Practice Permit](#)  
[Print My Upcoming Practice Permit for Renewal](#)


**Links**

- [Registrant Portal How-To Guide](#)
- [Name Change Request Form](#)
- [Email Change Request Form](#)
- [Update Registrant Contact](#)
- [Update Education Information](#)
- [Update Employment Information](#)
- [Update Other Professional Registrations](#)

Review the information listed.

Dental Hygiene Education Records >

Post Secondary Education Records >

Other Professional Registration Records 

To update your other professional registrations, please click the Update Other Professional Registrations form under "Links" on the right side of this page.

Regulatory Body	Profession	Licence Number	Province/State	Country	Initial Registration Date	Expiry Date
College of Dental Hygienists of Ontario	Dental Hygiene		Ontario	Canada	2001-08-01	2011-01-01

**Links**

- [Registrant Portal How-To Guide](#)
- [Renewal How-To Guide](#)
- [Portal Tips](#)
- [Name Change Request Form](#)
- [Email Change Request Form](#)
- [Update Registrant Contact](#)
- [Update Education Information](#)
- [Add Employment Information](#)
- [Update Other Professional Registrations](#)
- [Cancel My Registration](#)
- [Letter of Good Standing Request Form](#)
- [Advanced Restricted Activity Authorization Form](#)

If this information in this tab is incomplete or out of date, click on the **Update Other Professional Registrations** link on the right hand side of the page.

Once you are in the Other Professional Registration form, you can begin editing, adding, and deleting your professional registration information. **Do not list your registration or membership with CRDHA, CDHA, and/or DHAA.**

**Other Professional Registration**

The table below indicates records on file with the College of Registered Dental Hygienists of Alberta.  
To edit existing records, edit the associated information and press submit.  
To add new records, click "Add Additional Professional Registrations", complete the required information, and press submit.  
**Do not list your registration or membership with CRDHA, CDHA, and/or DHAA.**

Regulatory Body *	Other Regulatory Body (If Applicable)	Profession *	Licence Number *	Province *	Non-Canadian Province or State	Country *	Initial Registration Date *	Expiry Date
College of Dental Hygienists of		Dental Hygiene	8290	Ontario		Canada	01/08/2001	01/01/2011

+ Add Additional Professional Registrations

**Signature**

I acknowledge and agree that if I submit this document electronically and insert, my full name below, it is equivalent to my original ink signature.

Signature \*

\* Required

**To edit an existing record**, edit the associated information, ensuring that you fill out all required information marked with a red star.

**To add a new record**, click "Add Additional Professional Registrations", ensuring that you fill out all required information marked with a red star.

If you receive an error message, correct the identified errors before attempting to Submit again.



Once you have successfully submitted the form, return to the Registrant Portal and refresh your **Education & Other Professional Registrations** tab. Your changes should be displayed right away in this tab.

## PAYMENT SUMMARY: ACCESSING YOUR TAX RECEIPTS

Click the **“Payment Summary”** tab to view your tax receipts. Click the blue icon under the **“Tax Receipt”** column to view a PDF version of your tax receipt.

Please note that this section provides a **record of Renewal payments** from previous years. If you paid an *initial registration fee* in 2022, it will not appear in this section.

General Continuing Competence Practice Hours **Payment Summary**

Invoice Date	Invoice Number	Invoice Header	Amount	Tax Receipt
Oct 30, 2021	1018326	Licence Renewal - General Registration	599.00	
Oct 26, 2020	1014699	Licence Renewal - General Registration	599.00	


## PRINTING YOUR PRACTICE PERMIT

The link to print your Practice Permit is available above the Links box on any tab in the Portal.




General Continuing Competence Practice Hours Payment Summary

**Janice Chocolate-BonBon**

Initial Registration Date 2019-07-01



Links

- 
- 
- 

Click the **“Print My Practice Permit”** link to be taken to a PDF version of your permit. From here, you can view and print your permit.



## UPDATING YOUR PERSONAL INFORMATION

Update your personal information with the College by using the three forms in the Links section on the right-hand side of any tab. Please do not email the College to update your personal information.

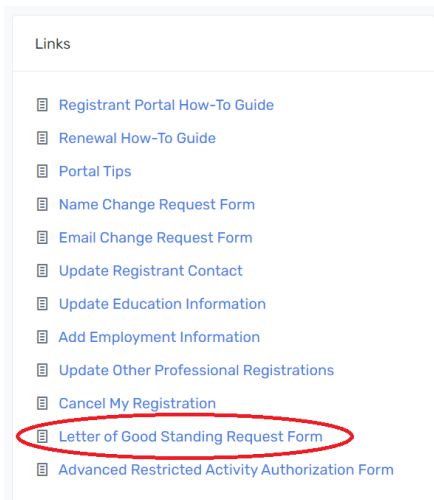


**Name Change Request Form:** Fill out this form if you require an update to the name that the College has on file for you. Documentation showing proof of your name change will be required. You will be notified when the form is approved and the change goes into effect

**Email Change Request Form:** Fill out this form if you require an update to the e-mail address that the College has on file for you. You will be notified when the form is approved and the change goes into effect.

**Update Registrant Contact Form:** Fill out this form to change the address or phone number that the College has on file for you. These changes will be automatically made in the Portal once you have submitted the form.

## REQUESTING A LETTER OF GOOD STANDING



To request a Letter of Good Standing from the College, click the “Letter of Good Standing Request Form” on the Links list on the right hand side of any page in the Portal.

The form will open in a new window. Verify the Registrant Details that autopopulate in the form. These cannot be edited in the form.

Select whether the Letter of Good Standing will be send to yourself, the applicant, or a regulatory body or institution. If you select “Regulatory Body or Institution,” you will be asked to select the institution from a drop-down menu and select whether they require us to use their form.

Then, type your full name in the Signature box.

You will receive a copy of the completed letter of good standing.

Where is the completed Letter of Good Standing to be sent? \*

Applicant

Regulatory Body or Institution

Select Institution

College of Dental Hygienists of Nova Scotia (CDHNS) ▼

If ACDH is submitting the Letter of Good Standing to an institution, do they require us to use their form? \*

Yes  No

Upload Required Form

Select from device

## Declaration

By completing this request form and providing payment, you are consenting to the disclosure of information relate third party you identify in your request.

This information is provided pursuant to the Health Professions Act (the Act) and includes:

- Names we have on file for you
- The date you were first registered with ACDH and any expiry date(s)
- Whether your practice permit was suspended or cancelled
- If there were conditions on your practice permit
- If directions had been made to cease providing professional services under the Act
- If a professional conduct hearing has been held or scheduled respecting your conduct
- If there are ongoing or current proceedings with respect to any professional conduct complaints against you

**I acknowledge and agree that if I submit this document electronically and insert, my full name below, it is e**

Signature \*

Janice Chocolate-BonBon





Click “Submit” at the bottom of the form. **Ensure that you browser allows for pop-ups so that you can be taken to the payment page after clicking “Submit.”**

# ACCESSING LIBRARY DOCUMENTS

To access documents, click the Library tab in the Portal.

The screenshot shows the ACDH (Alberta College of Dental Hygienists) portal. At the top left is the ACDH logo. A navigation menu includes: Profile, Advanced Restricted Activities, Continuing Competence, Practice Hours, Employment, Education & Other Professor, and Library. The 'Library' tab is circled in red. Below the navigation is a light blue box with a folder icon and the text 'SharePoint Document Library'. To the right is a blue box with the text 'Welcome to the ACDH Library!' and 'To access the documents please click on the folders on the left.' Below the 'SharePoint Document Library' box is a list of folders: Continuing Competence, Practice Ownership, IPC Templates, and Occupational Health and Safety.

The folders on the left-hand side of the page contain links to relevant documents for registrants to read and download. Click each folder to see the documents contained within it. Click the download button to download a document, and the eye button to view it in your browser.

Continuing Competence	
Request for Pre-Determination of Program Credits Form.pdf	 
Self-Assessment Package (April 2019).pdf	 
Submission for Credit - Volunteering.pdf	