ACDH
Alberta College of Dental Hygienists

SUITE 302, 8657 - 51 AVENUE NW
EDMONTON, AB, T6E 6A8
PHONE (780) 465-1756
E-MAIL registration@acdh.ca

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 or any other regulated health profession.

Surname	Given Names
Other Surnames Names (if applicable)	Birth Date (DD-MM-YYYY)
Street Address	City
Province/State / Postal Code / Email	
Cell Number ( )	Secondary Number ( )

Graduated from:	In City/Province/Country:	Graduation date (month-day-year):
I was certified / licensed / registered in your jurisdiction on:		Number:

I authorize _____ to provide the information requested in Section B
Name of Regulatory/Licensing Body

of this form and any additional information requested by the Alberta College of Dental Hygienists (ACDH) in order to process my application for registration.

Signature of Applicant: _____ Date: _____

SECTION B

To be completed by the jurisdictional regulatory body and forwarded directly to the ACDH.

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

Profession: ☐ Dental Hygienist	Profession: ☐ Other Regulated Health Profession Professional Title:
DH Certificate / License / Registration #:	Certificate / License / Registration #:
Initial DH Registration Date:	Initial Registration Date:
Expiry Date:	Expiry Date:
DH Certificate, License Registration Status: ☐ active ☐ conditional ☐ temporary ☐ inactive ☐ other (explain)	Other Profession Certificate, License Registration Status: ☐ active ☐ conditional ☐ temporary ☐ inactive ☐ other (explain)

Has this person's license, registration or permit ever been denied, cancelled, suspended, approved with conditions or otherwise limited or restricted in any way?	☐ Yes ☐ No
Is this person's license, registration or permit currently denied, cancelled, suspended, approved with conditions or otherwise limited, restricted 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 them?	☐ 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 four questions above is "Yes", please provide further information.

The following two questions should be completed by Dental Hygiene regulatory bodies ONLY

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 provided you with evidence of holding NDHCB Certification? If "Yes, please provide: NDHCB #: _____ Effective Date: _____ If "No" explain why not:	☐ Yes ☐ No

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