

Dental Hygienist Quality Assurance Program Continuing Competency Learning Activity Credit Approval Form

This form is to be used when applying to receive continuing competency credit for learning activities that do not fall within the activity categories captured in the QAP Learning Activity/Credit Framework. Complete and submit this form to BCCOHP attention QAP Coordinator for Dental Hygiene 60 days prior to the activity to allow adequate time for a review and decision.

Registrant Name:	Registration #:
Brief Description of Activity (e.g., hands on course, virtual course, reading etc.):	Learning Activity Provider (N/A if this is not a course):
Reflect on the relevance of this activity to your dental hygiene practice, and identify a Learning Goal(s) for this activity:	
Detail the learning activities planned that will assist you in reaching your learning goal:	
Provide a detailed description on how the proposed continuing competency activity/activities relate to your dental hygiene practice, and how your learning will be applied or enhance your practice. (350-500 words max)	
Identify and discuss specific continuing competency principles this learning activity aligns with. (250-500 words max) <i>*Note: Continuing competency principles can be found in Part 5 of the QAP Information Guide: 02.01.01-QAP-Info-Guide.pdf (oralhealthbc.ca)</i>	
Projected timeline: Start Date:	Completion Date:

Continuing Competency Credits requested: _____ (Maximum 20 credits will be awarded)

I declare that the information provided in this CC Credit Activity Approval form is complete and truthful.

Registrant Signature:

Date:

This section is for BCCOHP use only

Select appropriate option after completing review of documentation

This CC Activity Plan, related activities and continuing competency credits have been approved by BCCOHP:
DATE: _____

This CC Activity Plan and related activities have been approved by the BCCOHP with a limited of continuing competency credits.
DATE: _____

This CC Activity Plan and related activities have been denied by BCCOHP.
Comment if Modifications are required prior to resubmission:

BCCOHP Signature

Date