

## Dental Hygienist Quality Assurance Program Volunteer Contract Approval Form

Complete and submit this form to the BCCOHP QAP Coordinator for Dental Hygiene 60 days prior to the activity to allow adequate time for review and decision.

**Please note:** Continuing Competency (CC) credits are not awarded for volunteering and performing routine aspects of the Dental Hygiene Scope of Practice (for example debridement, application of fluoride, and oral hygiene education etc.) as a dental hygienist registrant should be competent in with these. CC credits are awarded for learning that applies to the volunteer activity that will improve dental hygiene practice.

Registrant Name:	Registration #:
Briefly Describe aspect of the Volunteer Experience that will enhance your dental hygiene practice:	
Consider the preparation and learning required prior to participating in the volunteer experience. Identify a learning goal that relates to the volunteer experience and will enhance your dental hygiene practice:	
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. <b>(350-500 words max)</b>	
Identify and discuss specific continuing competency principles this learning activity aligns with. <b>(250-500 words max)</b> *Note: Continuing competency principles are found in <a href="#">Part 5 of the QAP Information Guide</a> .	
Projected timeline: Start Date:	Completion Date:

Provide the following information:

Frequency of volunteer work: \_\_\_\_\_ hours/ week.

Projected total hours spent in preparation for the volunteer project:

Name and location of organization you are volunteering with:

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

I declare that the information provided in this Volunteer Contract Approval form is complete and truthful and represents the learning activities as outlined.

**Registrant Signature:**

**Date:**

**This section is to be completed after the volunteering experience and retained as documentation in the event of a continuing competency credit audit.**

Provide a detailed reflection of how the learning for this volunteer experience has enhanced your practice, and how the information is being applied. (250-500 words max.)

**This section is for BCCOHP use only**

*Select appropriate option after complete review of documentation*

This Volunteer Learning Activity Plan, related activities and continuing competency credits has been approved by the BCCOHP.

DATE: \_\_\_\_\_

This Volunteer Learning Activity Plan and related activities have been approved by the BCCOHP with a limit of \_\_\_\_\_ continuing competency credits.

DATE: \_\_\_\_\_

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

DATE: \_\_\_\_\_