

DENTAL HYGIENE PRACTITIONER APPLICATION FOR EXISTING BCCOHP REGISTRANTS

DENTAL HYGIENE DEGREE

Application Method:

Please print this PDF, complete by hand, and either scan and email to registration@oralhealthbc.ca or mail to the BCCOHP office. *Please note that a notarized copy of your degree must be mailed to the BCCOHP office.*

1.) Contact and Registration Information

Name: _____

Mailing Address: _____
(Street Address) (City) (Province) (Postal Code)

Telephone: (_____) _____ **Email:** _____

BCCOHP Registration Number: _____

2.) Required CPR Certification

Please provide information regarding your current Health Care Providers (HCP) or Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) qualifications:

Name of Course Provider: _____

Date of Course Completion: _____ **Expiry Date of Certification:** _____

Please ensure your HCP and/or BLS level CPR certificate is uploaded in your BCCOHP online registrant profile.

3.) Completion of a Degree in Dental Hygiene from an Institution Approved by the BCCOHP Board

Please provide evidence of completion of a Degree in Dental Hygiene from an institution approved by the BCCOHP Board by completing and submitting the following information:

I currently hold a Degree in Dental Hygiene from the following institution approved by the BCCOHP Board (check one):

The University of British Columbia

The University of Alberta

The University of Manitoba

Dalhousie University

University of Toronto

Other*

Please mail a notarized copy of your degree certificate to the BCCOHP Registration Department. Alternatively, you may have a letter confirming your degree completion mailed directly to the BCCOHP from the director or head of the program.

*If you have completed a degree in dental hygiene from a program other than those listed above, please contact the BCCOHP Registration department prior to completing this application.

Mailing Address110 - 1765 8th Ave W
Vancouver, BC V6J 5C6**Office Locations**Vancouver | College Place
Vancouver | Downtown
VictoriaMain line: 672.202.0448
Toll free: 1.888.202.0448
registration@oralhealthbc.ca
www.oralhealthbc.ca**DECLARATION STATEMENT**

I, _____, hereby submit my application to become registered as a dental hygiene practitioner with the British Columbia College of Oral Health Professionals and declare the following:

- a) I have read, understood and will remain at all times in compliance with the Health Professions Act, the Dental Hygienists Regulation, the BCCOHP bylaws, and the Practice Standards and Code of Ethics established by BCCOHP's board.
- b) I am a person of good character, meeting the ethical qualities expected of a BCCOHP registrant, including integrity and commitment to caring for others.
- c) I do not know of any reason, condition or circumstance why I should not be granted registration.
- d) I will ensure that I maintain professional liability insurance coverage as required by BCCOHP for the entire period of my registration.
- e) I will promptly notify BCCOHP of any complaint, investigation, review or disciplinary proceeding that may affect my registration or licensure for the practice of dental hygiene or any other regulated profession in British Columbia or any other jurisdiction, and will divulge any relevant information requested by BCCOHP.
- f) All information provided in my application for registration is true and complete.
- g) I understand that the submission of false or incomplete information in support of an application for registration constitutes professional misconduct and may result in cancellation of registration.

I make this solemn declaration, conscientiously believing all the above statements to be true, and knowing that it is of the same force and effect as if made under oath.

Signature: _____ Date: _____