

FORM A – Dental Hygienist

(To be completed by applicant and forwarded with Form B to each applicable regulatory/licensing body in British Columbia or any other jurisdiction where you are currently or were previously licensed or registered as a dental hygienist or any other regulated professional.)

Surname

Given name(s)

Former name(s) (if applicable)

Date of Birth (Month-Day-Year)

Registration #

Street Address

City

Province/State

Postal Code/Zip Code

Email Address

Telephone #

I was registered/licensed with _____
(Name of Regulatory/Licensing Body)

from (Month-Day-Year): _____ to (Month-Day-Year): _____

AUTHORIZATION

I authorize _____ to provide the information requested in *Form B*
(Name of Regulatory/Licensing Body)

of this form and any other information requested by the *BC College of Oral Health Professionals*. in order to process my application for registration.

Signature: _____

Date (Month-Day-Year): _____

FORM B

(To be completed by the regulatory/licensing body and forwarded directly to the BCCOHP along with Form A)

PROFESSION

- ☐ Dental Hygienist
- ☐ Other Regulated Professional

(Title): _____

LICENSE REGISTRATION STATUS

- ☐ Active
- ☐ Inactive
- ☐ Other (explain): _____

Surname

Given name (s)

Former name (s) (if applicable)

License/Registration #

Initial Registration Date (Month-Day-Year)

Expiry Date (Month-Day-Year)

1) Has the applicant's entitlement to practise dental hygiene or the other profession specified above ever been cancelled, suspended, limited, restricted or made subject to conditions?

- ☐ Yes
- ☐ No

2) Is the applicant currently under investigation or review or involved in any other proceeding that could result in their entitlement to practise the profession being cancelled, suspended, limited, restricted or made subject to conditions?

- ☐ Yes
- ☐ No

3) Has the applicant ever voluntarily relinquished their entitlement to practise the profession with the effect of preventing the commencement or completion of an investigation or review, or any other proceeding that could have resulted in their entitlement to practise being cancelled, suspended, limited, restricted or made subject to conditions?

- ☐ Yes
- ☐ No

4) Has this person met all applicable continuing competency and quality assurance requirements?

- ☐ Yes
- ☐ No

If the answer to one or more of the preceding questions is "Yes", please provide further information in an attached letter.

Print Name, Title: _____

Name of Regulatory/Licensing Body: _____

Province/State/Country: _____

(SEAL)

Date (Month-Day-Year): _____

Signature: _____