

## CERTIFICATE OF STANDING – DENTAL HYGIENIST

To be completed by the regulatory body and forwarded directly to the BC College of Oral Health Professionals at: registration@oralhealthbc.ca or 110 - 1765 8th Ave W, Vancouver, BC V6J 5C6

Our records indicate the following concerning the applicant:

**Name** (First) \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Registration/Licence/Certificate number** \_\_\_\_\_

**Profession**  Dental Hygienist  Other (provide professional title) \_\_\_\_\_

### 1. REGISTRATION/LICENCE/CERTIFICATE

#### a) The Applicant

(i) has been registered/licensed/certified in  
(Receiving authority's jurisdiction) \_\_\_\_\_

from (M/D/Y) \_\_\_\_\_ to (M/D/Y) \_\_\_\_\_, and

from (M/D/Y) \_\_\_\_\_ to (M/D/Y) \_\_\_\_\_ (if applicable).

(ii) If the Applicant ceased to be a Registered/Licensed/Certified member, it was for the following reason(s):

#### b) Current Status and Modules

Practicing/active  Non-practicing/inactive  Local anesthesia certification

Suspended/cancelled  Provisional/temporary/conditional

Other (specify and provide an explanation) \_\_\_\_\_

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**c) The Applicant received his or her education in dental hygiene from the following institutions:**

Institution Name/Country	Credentials	Year of Graduation

**d) The Applicant has provided evidence of holding NDHCE certification.**  Yes  No

If yes, provide NDHCE certification number \_\_\_\_\_ and certification date (M/D/Y) \_\_\_\_\_

**e) To the best of your knowledge, the Applicant is or has also been Registered/Licensed/Certified to practise as a dental hygienist or other regulated profession in the following jurisdictions:**

Province or State/Country	Registered/Licensed/Certified M/D/Y – M/D/Y

**f) The Applicant**

- (i) is not in arrears of any fees or other monies owing to your organization.
- (ii) is in arrears as follows **(Nature of arrears/owed since/amount owing):**

**g) Terms, restrictions, conditions, limitations on Registration/Licence/Certificate**

- (i) The Applicant **does not have and has not had** any terms, restrictions, conditions, or limitations on his or her Registration/Licence/Certificate.
- (ii) The Applicant currently **has or has had** terms, restrictions, conditions or limitations on his or her Registration/Licence/Certificate, the nature of which are as follows **(Nature of terms, restrictions, conditions or limitations on Registration/Licence/Certificate and dates in force):**

## h) Suspension, cancellation, revocation or striking off the Register/Roll

- (i) The Applicant **does not have and has not had** his or her Registration/Licence/Certificate suspended, cancelled, revoked, or struck off the Register/Roll.
- (ii) The Applicant currently **has or has had** his or her Registration/Licence/Certificate suspended, cancelled, revoked or struck off the Register/Roll for the following reason(s):

## 2. PROFESSIONAL CONDUCT RECORD

### a) Complaints

- (i) The Applicant **has never been** the subject of a formal complaint.
- (ii) The Applicant **is** the subject of a formal complaint, which has not been completed.
- (iii) The Applicant **has been** the subject of a formal complaint, which was completed with a decision/ action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which is as follows **(Nature of the formal complaint(s) and action(s) taken, if any, at this date):**

### b) Investigations

- (i) The Applicant **has never been** the subject of an investigation.
- (ii) The Applicant **is** the subject of an investigation, which has not been completed.
- (iii) The Applicant **has been** the subject of an investigation, which was completed with a decision/ action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows **(Nature of the investigation(s) and action(s) taken, if any, at this date):**

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### c) Disciplinary Proceedings

- (i) The Applicant **has never been** the subject of a disciplinary proceeding.
- (ii) The Applicant **is** the subject of a disciplinary proceeding, which has not been completed.
- (iii) The Applicant **has been** the subject of disciplinary proceedings, which were completed with a decision/action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows **(Nature of disciplinary proceeding(s) and action(s) taken/date/result):**

### d) Fitness to Practise (Upon registration or after)

- (i) The Applicant **has never been** the subject of a fitness-to-practise hearing or inquiry.
- (ii) The Applicant **is** the subject of a fitness-to-practise hearing or inquiry, which has not been completed.
- (iii) The Applicant **has been** the subject of fitness-to-practise hearing or inquiry, which were completed with a decision/action being issued (including “no further action”) by you (the certifying regulator) or which involved the Applicant’s resignation, the nature of which was as follows **(Physical ailment, mental health condition or addiction involved/date/result):**

## 3. QUALITY ASSURANCE PROGRAMS

### a) Continuing Education Requirements

Mandatory

Non-mandatory

- (i) The Applicant has always been in compliance with your continuing education requirements.
- (ii) The Applicant is not or has not been in compliance with your continuing education requirements.  
**Nature of non-compliance and action(s) taken, if any, at this date:**

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**b) Currency of Practice Requirement**

Mandatory

Non-mandatory

**If mandatory, please specify details:**

(i) Has the Applicant been in compliance with your practice hours requirement?

Yes

No

Non-applicable

### 4. OTHER RELEVANT INFORMATION THAT HAS BEEN REPORTED TO YOU (the certifying regulator)

**In the affirmative, please specify:**

**Additional sheets/documents attached**

Yes

No

### 5. REGULATORY BODY'S INFORMATION

**Organization Name and Address**

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**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

I certify that the information provided on and attached to this form are true statements of the R/L/C record for the applicant.

**Signature** \_\_\_\_\_ **Signatory Name** \_\_\_\_\_

(please print)

**Date – M/D/Y** \_\_\_\_\_ **Signatory's Title** \_\_\_\_\_