

**Mailing Address**  
110 - 1765 8th Ave W  
Vancouver, BC V6J 5C6

Phone: 672.202.0448  
Toll free: 1.888.202.0448  
registration@oralhealthbc.ca  
[www.oralhealthbc.ca](http://www.oralhealthbc.ca)



## APPLICATION FOR CERTIFICATION OF DENTAL HYGIENIST FOR ADMINISTRATION OF LOCAL ANESTHESIA

This application is for dental hygienist licencees who have successfully completed a recognized local anesthesia certification program and/or demonstrate eligibility to administer local anesthesia in another Canadian jurisdiction of practice within the past five years.

The following *must* accompany this application:

- Notarized copy of proof of successful completion of a recognized local anesthesia certification program.

**Surname** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_

If the name you are applying with is different than the one on any of your supporting documents, you must provide a copy of legal documents certifying the name change (ie. marriage certificate, legal name change decree).

**Date of birth** – M/D/Y \_\_\_\_\_ **Gender**     female     male

**BCCOHP Licence Number** \_\_\_\_\_

### Home

**You must provide a valid home address and contact information, including an email address.**

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Main Email (for confidential information from BCCOHP) \_\_\_\_\_

**Practice** – Submit any additional practice address(es) on a separate sheet

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** – M/D/Y \_\_\_\_\_

**MAKE SURE YOU HAVE SIGNED THIS FORM.**

## Fees

Application \_\_\_\_\_ C\$105

**Please indicate how you would like to pay by checking off the appropriate box below:**

- By Credit Card – Once your application has been received and reviewed, you will receive an email notification to pay the application fee online.
- By Cheque or Money Order – enclosed with application.

**Please submit, by mail or courier, all completed forms, documents and fees (if not paying online) to:**

BC College of Oral Health Professionals  
110 - 1765 8th Ave W  
Vancouver, BC V6J 5C6

**NOTE: Please ensure you submit all required information. Incomplete information will delay the processing of your application. Incomplete applications may be returned.**

**PLEASE RETURN THIS PAGE ALONG WITH THE APPLICATION.**

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## COMMISSIONER FOR OATHS INFORMATION SHEET

According to Section 60 of the *BC Evidence Act*, the following persons are, because of their office or employment, commissioners for taking affidavits for British Columbia:

- a) a judge of a court in British Columbia;
- b) justices;
- c) registrars, deputy registrars, district registrars and deputy district registrars of the Supreme Court;
- d) practising lawyers as defined in section 1 (1) of the *Legal Profession Act*;
- e) notaries public;
- f) the local government corporate officer and that person's deputy;
- g) the secretary treasurer of a board of school trustees;
- h) the directeur général of a francophone education authority as defined in the *School Act*;
- i) coroners;
- j) government agents and deputy government agents;
- k) other classes of office holder or employment the Attorney General prescribes.

**Note:** For persons outside of British Columbia, persons or agencies equivalent to the above in other provinces or states may provide legal notarization of BCCOHP application documents.