College of Dental Hygienists of Nova Scotia

**CDHNS** 26-25 Joseph Howe Drive Halifax NS B3L 4G4
Tel (902) 444-7241 Fax (902) 444-7242 E-mail: info@cdhns.ca Website: www.cdhns.ca

# CONTINUING COMPETENCY RECORD

Name:
Address:
Town, Provence, Postal Code:

Continuing Competency Guidelines are on our website at www.cdhns.ca

My C.E. Cycle is:
**January 1, 20__ – December 31, 20__**
45 Credits Total: 3years

Total C.E. Credit Hours: _____

As At: _____ _____

| **CATEGORY 1: Scientific / Clinical Experiences Minimum 15 credits** | | | | |
|---|---|---|---|---|
| **Date** | **Activity / Course Title** | **Sponsor** | **# of Credits** | **Approved – OFFICE USE ONLY** |
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| **CATEGORY 2: Development and Delivery of Dental Hygiene – Educational Activities Maximum 30 credits.** | | | | |
|---|---|---|---|---|
| **Date** | **Activity / Course Title** | **Sponsor** | **# of Credits** | **Approved – OFFICE USE ONLY** |
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| **CATEGORY 3: Professional Development**<br>**Maximum 15 credits and a minimum of 5 credits.** | | | | |
|---|---|---|---|---|
| **Date** | **Activity / Course Title** | **Sponsor** | **# of Credits** | **Approved – OFFICE USE ONLY** |
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2 Additional copies of the document may be made as required.