

## Attachment A – CDHNS Registration Application Quality Assurance

**The College of Dental Hygienists of Nova Scotia**  
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**Applicants Name:**

Summary of **Continuing Education Activities** for the Most Recent Three (3) Year Period

Please upload any supporting documents for the course entries using the  
 [Attach Document] button at the bottom of the page.

Date	Course Attended	Speaker(s) and Sponsoring Agent	Hours

If you want to confirm that your documents have been successfully attached, go to the menu at top and select 'View' > 'Show/Hide' > 'Navigation Panes' > 'Attachments'