



**Registration and Licensing Application Checklist**  
**Membership Year Nov 1, 2020 to Oct 31, 2021**  
**College of Dental Hygienists of Nova Scotia**  
 11-2625 Joseph Howe Drive, Halifax, NS, B3L 4G4

<b>I have uploaded the following supporting documents</b> (upload to Member profile under Application for Registration Document Upload):	
<input type="checkbox"/>	A photocopy of my birth certificate.
<input type="checkbox"/>	CDHA proof of membership and liability insurance (see below for payment options if you do not have CDHA)
<input type="checkbox"/>	A copy of my current permanent CPR certificate, at the level required by Council taken within the last 12 months (typically called BLS or HCP). The level of CPR certification must include, at a minimum, classroom instruction and practicum experience related to: <ul style="list-style-type: none"> <li>• one and two-person rescuer chest compressions for adults, children and infants;</li> <li>• one and two-person rescuer adult, child and infant bag-valve mask technique and rescue breathing;</li> <li>• relief of choking in adults, children and infants; and</li> <li>• use of an automated external defibrillator (AED).</li> </ul>
<input type="checkbox"/>	A completed Continuing Education form – use Attachment A <a href="http://cdhns.ca/images/Attachment_A-form_A-1.pdf">http://cdhns.ca/images/Attachment_A-form_A-1.pdf</a> (does not apply to applicants who graduated within the last 35 months)
<input type="checkbox"/>	Evidence that I have practiced <u>600 hours</u> of dental hygiene in the 3 years immediately before the date of my application (does not apply to applicants who graduated within the last 35 months). If applicable, this must be in the form of a letter from the employer (on letterhead), CRA submission, e.g., ROE (Record of Employment).
<input type="checkbox"/>	A passport-type picture
<input type="checkbox"/>	Evidence of successful completion of the NS Jurisprudence course <i>OR</i> the NS Self-Initiation Course. <b>We strongly recommend that you complete the NS Self-Initiation Course.</b> Both are offered through the CDHA.
<b>I have had the following documents certified by either a Notary Public or Commissioner of Oaths and mailed directly to the CDHNS</b> (address above):	
<input type="checkbox"/>	NDHCB Certificate
<input type="checkbox"/>	Certificate of Completion of any modules completed <i>separately</i> from your DH undergrad program e.g., restorative, orthodontics, LA.
<b>I have requested these documents to be sent directly to CDHNS</b> (address above):	
<input type="checkbox"/>	<input type="checkbox"/> My official transcript with proof of graduation from an accredited school <i>OR</i> <input type="checkbox"/> My official transcript with proof of graduation from a non-accredited school, plus a copy of certificate of completion of a Clinical Competency Assessment in a recognized jurisdiction
<input type="checkbox"/>	Verification Forms: I have completed Part A of the <i>CDHNS Verification Form for Other Regulatory Bodies</i> and sent the form to each jurisdiction that I am currently (or was previously) certified, licensed, or registered as a dental hygienist. I have requested each jurisdiction to send the completed form directly to CDHNS.
<b>I require additional documentation:</b>	
<input type="checkbox"/>	My Employment Visa under Canadian Immigration Act (non-Canadian citizens only)
<input type="checkbox"/>	Copy of any English language proficiency tests completed (Only required if mother tongue is not English and/or the Dental Hygiene program was delivered in a language other than English)
<input type="checkbox"/>	<b>I am applying to have my self-directed clinical education or experience recognized (re: self-initiation). Therefore, I have:</b> submitted a completed letter of application re: Self-directed clinical practice applying for the equivalent under Regulation 8 (1) (h). <i>Please contact CDHNS to request the template for submission.</i>
<input type="checkbox"/>	<b>I am applying to have my local anaesthesia recognized. Therefore, I have:</b> Completed the online form <b>Recognition of Local Anaesthetic (LA) Credentials</b> (under Forms) and provided all required documentation (if applicable) – <i>Note: LA is not mandatory for registration in NS</i>
<b>I have paid the required fees by certified cheque, money order, e-transfer or credit card: (Note: An invoice will be generated for you. Further payment details are provided in the invoice.)</b>	
<input type="checkbox"/>	\$120.00 Application fee (separate) & non-refundable – must have been sent with initial application request
<input type="checkbox"/>	\$150.00 Registration fee (One-time fee)
<input type="checkbox"/>	\$490.00 CDHNS Practising Licence fee (Nov 1, 2020 to October 31, 2021)
<input type="checkbox"/>	\$216 or \$233 CDHA Membership fees (\$233 includes enhanced CDHA Liability Insurance), <i>if I did not provide evidence of CDHA membership - see explanation in online application form re: CDHA liability insurance coverage.</i>