

CDHNS 2021/22 Registration and Licensing Reinstatement Application Checklist



**Reinstatement Application Checklist**  
**Membership Year Nov 1 2021 to Oct 31, 2022**  
**College of Dental Hygienists of Nova Scotia**  
 11-2625 Joseph Howe Drive, Halifax, NS, B3L 4G4

**Please note:** We may already have some of the documents outlined below on file. The CDHNS staff will work with you to ensure you have accurate information regarding the documentation required to complete your application.

<b>I have been informed that the CDHNS has the following documents on file:</b>	
<input type="checkbox"/>	A photocopy of my birth certificate
<input type="checkbox"/>	A passport-type picture (full facial profile) in a format appropriate for a regulator e.g., business casual clothing.
<input type="checkbox"/>	Evidence of successful completion of the Jurisprudence NS course <i>or</i> the Self Initiation NS Course completed within the last 3 years
<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 (Mother tongue other than English and/or Dental Hygiene program delivered in a language other than English). See the <a href="#">English Language Requirements</a> .
<input type="checkbox"/>	NDHCB Certificate
<input type="checkbox"/>	Certificate of Completion of any modules completed separately from your DH undergrad program e.g., permanent restorative, orthodontics, LA.
<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
<b>I have uploaded the following supporting documents</b> (upload within the Reinstatement Application). <i>Note:</i> if you don't upload it with your first submission, you will have an opportunity to upload it later following our review.	
<input type="checkbox"/>	Proof of liability insurance, e.g., CDHA insurance, or another insurance (PLI) that meets the <a href="#">requirements</a>
<input type="checkbox"/>	A copy of my current permanent CPR certificate (i.e., taken within the last 12 months), at the <a href="#">level required by Council</a>
<input type="checkbox"/>	Evidence of <u>45 hours</u> of Continuing Education within the <i>most recent three years</i> . Please enter your Continuing Education courses (with supporting documentation) online through your CDHNS Portal. ( <i>Does not apply to applicants who graduated within the last 35 months.</i> )
<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 ( <i>does not apply to applicants who graduated within the last 35 months</i> ). If applicable, this must be in the form of a signed letter from the employer (on letterhead), ROE (Record of Employment), or another acceptable alternative document, as determined by the Registrar.
<input type="checkbox"/>	A current passport-type picture, if requested by CDHNS (required if your photo on file is over 3 years)
<b>I have requested these documents to be sent directly to CDHNS (address above):</b>	
<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>I have requested each jurisdiction to send the completed form directly to CDHNS.</i>
<b>I require additional documentation:</b>	
<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, orthodontics, and/or permanent restorative competencies recognized. Therefore, I have:</b> Completed the relevant online application form (links are within the general application), and provided any required documentation – <i>Note:</i> These procedures are not mandatory to obtain a practising licence in NS, but you cannot perform them unless you are authorized by the CDHNS.
<b>I have paid the required fees by <u>certified cheque, money order, e-transfer or credit card:</u> (Note: Invoices will be generated for you. Further payment details will be provided in the invoice.)</b>	
<input type="checkbox"/>	\$120.00 Application fee (separate) & non-refundable – must be sent before the application will be reviewed
<input type="checkbox"/>	\$150.00 Registration fee (if applicable)
<input type="checkbox"/>	\$255.00 Reinstatement fee (if applicable)
<input type="checkbox"/>	\$510.00 Licence fee (Nov 1, 2021 to October 31, 2022)
<input type="checkbox"/>	\$216 (basic) or \$233 (enhanced) CDHA Liability Insurance coverage <i>or</i> evidence of other PLI that meets the <a href="#">requirements</a> .