## Appendix E – Continuing Education Activities Report

Since you have graduated in dental hygiene you may have pursued your professional development to ensure your dental hygiene practice remained current and evidence based. If you've participated in

recognized continuing education courses or undertaken activities to maintain competence beyond your formal education, please complete Appendix E.

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| **APPLICANT – PLEASE COMPLETE THIS SECTION**  **LEGAL NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify that the information provided in this document is true and valid. **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

You must list each continuing education course name, when it was completed, who ran the course, and number of hours/credits for the course. You must attach proof of completion for each course to this document. If the supporting documents are not in English or French, you will need to have them translated and a copy of the original and the translated version be sent to the FDHRC directly from the certificated translator. Translations must be word for word.

Types of supporting documents that will be accepted to validate your continuing competency activities:

1. College or University certificates or diplomas –a valid, identifiable, and recognized original document or notarized copy. This is not the Applicant’s dental hygiene diploma, but a diploma from any additional studies the Applicant may have completed.
2. Letters of validation – these confirm specific details about an Applicant’s course/activity and come from a valid, identifiable, and recognized source. Letters of reference from an employer will not be accepted as supporting documentation for Appendix E.
3. Published articles, handbooks, papers, etc that you wrote yourself or to which the Applicant was a collaborator.
4. Certificates of completion
5. Other valid, identifiable, and recognized original or copy of a document that supports the Applicant’s completion of a continuing activity/course.

**Validation: The FDHRC reserves the right to contact the individual, institution, company, or other that offered the continuing education course(s) to confirm that the Applicant did complete the continuing education activity as listed in this document.**

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| **If the Applicant has not completed any continuing education activities since competition of their dental hygiene program. The statement below must be signed and the document submitted blank with the Applicant’s Equivalency File.**  ***I have no dental hygiene continuing education activities or courses to report at this time.***  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Course/Activity Name** | **Date Completed** | **Number of Hours/Credits** | **Location (i.e., in-person, virtual, etc)** | **Course Provider (Company/Institution)** | **Presenter/Instructor Name (including credentials)** |
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NOTE: APPLICANTS CAN ADD MORE ROWS IF MORE SPACE IS NEEDED.