**Federation of Dental Hygiene Regulators of Canada Appendix E**

Equivalency Assessment for Dental Hygienists Educated in a Dental Hygiene Program Not Accredited by CDAC or ADA-CODA (v2, 2020)

APPENDIX E - **CONTINUING COMPETENCE ACTIVITIES SELF-REPORTING FORM**

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 attended recognized continuing education courses[[1]](#footnote-1) since graduation that would either satisfy any of the national dental hygiene competencies that were not part of your dental hygiene educational program (Appendix D) or any activities to ensure continuing competence over the years, please fill out this Appendix E.

***I have no dental hygiene continuing education activities or courses to report at this time.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant** – PLEASE COMPLETE THIS SECTION

Legal Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Legal Name

*I certify that the information provided in this document is true and valid.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must list each course as per the template on the next page and arrange for the FDHRC to receive an original or notarized copy of a letter/proof of attendance including the name of the course, the course description, the name of the lecturer (s), the number of hours/credits for this course. If the documents we receive are not in English or French, we will send you a photocopy of these documents so you can arrange to have them translated **word for word in English or French** by a certified translator.

Types of evidence that will be accepted to validate your continuing competence activities:

* **College or University certificates or diplomas**. A valid, identifiable and recognized original document or a notarized copy.
* **Letters of validation**. These confirm specific details about an applicant’s course/activity and come from a valid, identifiable and recognized source. We do not accept letters of reference from an employer.
* **Published articles, handbook, papers,** etc... that you wrote yourself or to which you were a collaborator.
* Other valid, identifiable and recognized original or notarized document to support your continuing competence activity/course.

**Validation:** It is important that your evidence be substantive. To achieve this goal, the information must not only be sufficient and appropriate, but it also needs to have a ‘stamp of authority’. Having your evidence signed off as a true and accurate record of your ability and achievements by someone who is seen as having the status to judge this, is a vital part of preparing your portfolio of evidence.

|  **National Dental Hygiene Certification Board of Canada Appendix E**Equivalency Assessment for Dental Hygienists Educated in a Dental Hygiene Program Not Accredited by CDAC or ADA-CODA v1 2020Please **type in** the information (hand-filled forms will not be accepted) |
| --- |
|  | ***Course/Activity Title*** | ***Date & Location*** | ***# hour(s) /credit(s)*** | ***Course provider + speaker/lecturer (with credentials)*** | ***Course Description (summary)*** | ***Examples of Integration of New Learning into your Dental Hygiene Practice*** |
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ADD ROWS IF MORE SPACE IS NEEDED.

1. *Recognized and eligible continuing education courses:* Continuing Competence Activities/Courses taken with an approved provider of continuing education (for example, ADA CERP, AGD courses, college or university courses). [↑](#footnote-ref-1)