APPENDIX F - **CURRENT AND FORMER EMPLOYERS SELF-REPORTING FORM**

***I have never practised as a dental hygienist.***

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

**Applicant** – PLEASE COMPLETE THIS FORM

|  |  |
| --- | --- |
| Legal Name of Applicant: |  |
|  | Full Legal Name |  |
| *I certify that the information provided in this document is true and valid.* |
| Date: |  | Signature of Applicant: |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature du candidat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the template below to report your current and former employer(s) as a practising dental hygienist. List your employers from the most recent to the least recent employer. Please use this electronic template to **type** all the information (don’t fill by hand).

|  | ***Full Name & Address of Employer (including email address)*** | ***Employed from\_\_\_ to\_\_\_\_*** | ***# hours worked per week*** | ***Areas of responsibilities*** | ***# clients treated per day*** | ***Outline a typical day in that practice.*** |
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ADD EXTRA ROWS IF MORE SPACE IS NEEDED.