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Equivalency Assessment Guide



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1. Purpose of the Guide

This Guide will outline the rationale and eligibility for equivalency assessments, the documentation required, and the steps from initial application to challenging the certification examinations.

1.1. Who should use this Guide

Any individual who is part of either of the following groups and meets the eligibility criteria in [section 4](#).

Group 1: A graduate of a dental hygiene program in Canada or the United States that was NOT accredited by the [Commission on Dental Accreditation of Canada \(CDAC\)](#), or the [American Dental Association Commission on Dental Accreditation \(ADA/CODA\)](#) on the date of the Applicant's graduation;

OR

Group 2: A graduate of a dental hygiene program outside of Canada or the United States.

2. Glossary of Terms

Accredited Dental Hygiene Program	A post-secondary dental hygiene program that is accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA).
ADPIE	Assessment, Dental Hygiene Diagnosis, Planning, Implementation and Evaluation. See Dental Hygiene Process of Care
Applicant	A person who has applied for Equivalency Assessment.
Canadian Performance Exam in Dental Hygiene™	A Performance-Based Assessment that consists of two parts. Available in English only. Acronym: CPEDH™
Certified/Official Translator	Someone who has been recognized by a government agency or other organization as having the skills and qualifications needed to translate written documents or spoken words from one language into another.



Continuing Education	Education provided/taken after individuals have left the formal education system, consisting typically of short or part-time courses.
CPEDH™	See Canadian Performance Exam in Dental Hygiene™.
Dental Hygiene Process of Care	Is comprised of the Assessment, Dental Hygiene Diagnosis, Planning, Implementation and Evaluation (ADPIE) phases. Each phase is a key component of the overall treatment. The utilization of each step is essential to the safe and effective delivery of dental hygiene services and programs.
National Dental Hygiene Certificate Exam™	Computer-based multiple-choice exam that measures the knowledge of new graduates from Canadian dental hygiene programs and internationally trained dental hygiene professionals for entry-to-practice in Canada. Available in English and French only.
NDHCE™	See National Dental Hygiene Certification Exam.
Non-Accredited Program	A post-secondary dental hygiene program offered by a university or other institution that, at the time of the Applicant's graduation, was not accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA).
Notary Public	A licensed public officer who serves as an impartial witness to the signing of documents and establishes the authenticity of the signatures and photos for identification.
Notarized	A document that is signed by a Notary Public in order to make it official or legal.

3. Purpose of the Assessment Process

The FDHRC™ assesses the educational credentials and qualifications of individuals who graduated from a dental hygiene program not accredited in Canada or the United States on behalf of the provincial and territorial regulatory authorities.

The FDHRC™ will assess an Applicant's educational credentials and qualifications by determining whether their dental hygiene education and qualifications are substantially equivalent to those of a graduate of a Canadian accredited dental hygiene program as per an established process. The assessment standards are based on the following:

- A. [CDAC Accreditation Requirements for Canadian Dental Hygiene Programs](#);
- B. [Entry-To-Practice Competencies and Standards for Canadian Dental Hygienists \(2010\)](#);
- C. Curricula from accredited Canadian dental hygiene programs; and
- D. [The latest NDHCE™ Blueprint](#).

3.1. Principles of Assessment

The FDHRC™ equivalency assessment process is built on the following principles:

- A. Dental Hygiene is a regulated health profession encompassing theory and practice in the areas of oral therapeutic interventions, preventive interventions and health education, health promotion and management of the dental hygiene practice.
- B. Dental Hygiene has a unique body of knowledge, distinct expertise and recognized national competencies accompanied by a national Code of Ethics.
- C. The education and experience of dental hygienists must prepare them to work independently and in a collaborative relationship with the client, other health care professionals and stakeholders, without the direct supervision of a dentist.
- D. The practice of Dental Hygiene uses a systematic approach to dental hygiene care called the Dental Hygiene Process of Care. It involves five key behaviours or steps: Dental Hygiene **A**ssessment, Dental Hygiene **D**iagnosis, Dental Hygiene **P**lanning, **I**mplementation and **E**valuation of treatment and services (ADPIE).
- E. An Applicant for an equivalency assessment is required to meet the same standards as those required of a dental hygienist graduating from an accredited dental hygiene program.
- F. All applications for an equivalency assessment are reviewed on an individual basis.
- G. The evaluation of academic qualifications does not establish the equivalency of a non-accredited dental hygiene program to an accredited dental hygiene program, but rather, recognizes that the Applicant has achieved a level of dental hygiene education equivalent to that of dental hygiene graduates from programs accredited by CDAC/CODA or another FDHRC recognized accrediting body.
- H. Applicants are responsible for any and all costs associated with obtaining, verifying, and translating required documents.



4. Assessment Eligibility

The FDHRC™ assessment of educational credentials and qualifications exists for the sole purpose of determining eligibility to write the NDHCE™ and CPEDH™. The fact that an Applicant who graduated from a non-accredited dental hygiene program might be deemed eligible to write the NDHCE™ and CPEDH™ does not mean that the dental hygiene program from which the Applicant graduated from is deemed accredited or equivalent to an accredited dental hygiene program. All assessments of educational credentials and qualifications are done on an individual basis.

In order to be considered for an equivalency assessment of educational credentials and qualifications, an Applicant must be able to provide evidence of minimum educational requirements. In its assessment process, the FDHRC™ uses four (4) minimum criteria that **MUST** be met before it can proceed further:

Criterion 1:

The Applicant must have graduated with a **diploma or degree** (or its equivalent), **in dental hygiene**.

Criterion 2:

The dental hygiene program must be established as a separate school, faculty, division or department recognized by the appropriate government agency in the country/jurisdiction where the program is established at a **post-secondary institution** which is also recognized by the appropriate government agency.

Criterion 3:

The program must consist of a **minimum of two (2) full time academic years of formal dental hygiene education** in a recognized Dental Hygiene program, including a clinical component with direct client care supervised by dental hygiene faculty.

Criterion 4:

The program must have **learning outcomes/competencies and evaluation criteria** set out in a clear, concise, and detailed manner to the satisfaction of the FDHRC™.

4.1. Graduates of Non-Accredited Dental Hygiene Programs

Those who have graduated from a non-accredited dental hygiene program in Canada, the US, or internationally should first contact the regulatory college in the province where they plan to work to confirm all requirements for licensure. Then, they should apply to the FDHRC™ for an equivalency assessment.

4.2. Graduates of Dentistry, Dental Surgery, etc

In Canada, dental hygiene is considered a separate and distinct health profession from dentistry, dental surgery, etc. Therefore, individuals who **do not** have a degree or diploma **in dental hygiene** are **not eligible** for an equivalency assessment.

Applications received from individuals who have graduated from dentistry, dental surgery, etc will be cancelled and the individual refunded the application fee minus a non-refundable administration fee. See the fee schedule on the [FDHRC™ website](#).



5. Application Process

The FDHRC™ equivalency assessment process is to determine eligibility to challenge the certification examinations (NDHCE™ and CPEDH™). If successful at the exams, candidates will then need to apply for licensure in the province where they want to practice, which can include additional requirements set out by the regulator.

Being found eligible to challenge the certification exams does not guarantee the ability to register for licensure in all provinces/territories.

Prior to applying for an equivalency assessment, Applicants should contact the regulator in the province or territory where they want to work to find out what licensure requirements must be met to work there.

See [Appendix G](#) for a map of the equivalency assessment process from application to decision.

5.1. Applying for an equivalency assessment of credentials

An Applicant that graduated from a non-accredited dental hygiene program that wishes to become registered as a dental hygienist in Canada must first apply to the FDHRC™ for an equivalency assessment of their educational credentials and qualifications. The application form can be found on the FDHRC™ website. Please note that Canada has two official languages, English and French. Individuals may apply in either of those two official languages.

Before applying, Applicants should ensure they meet the criteria listed under [Section 4. Assessment Eligibility](#). Applications received that do not meet the eligibility requirements will be cancelled and Applicants refunded the application fee minus the non-refundable administration fee. See the fee schedule on the [FDHRC™ website](#).

5.2. Fees

The current fees associated with an equivalency assessment can be found in the most current [FDHRC™ Fee Schedule](#).

5.3. Timelines

Once the FDHRC has received the application for an equivalency assessment, the FDHRC™ will send correspondence to the Applicant confirming that an official file has been opened, documentation has been received (if any), what is still required, and next steps.

An application for an assessment of educational credentials and qualifications to determine equivalency is valid for one (1) year from the date the application form and payment was received by the FDHRC™. After one (1) year, if the Applicant has failed to meet ALL the requirements for a completed application, the file will be closed, and no refund will be issued. All contents of the Applicant's file will be retained in the FDHRC™ office for one (1) year. Original documents will only be released to the Applicant if they selected and paid for their return at the time of application.



If an Applicant wishes to reactivate their file, they are required to complete a new application including payment of fees.

How quickly an application file is completed varies by file and depends on the Applicant's ability to obtain and submit all documentation. The FDHRC™ tracks the documentation received and will send periodic updates to the Applicant confirming what documents are completed and what remains outstanding. Applicants may also email or phone the FDHRC™ office to inquire about the completeness of their application file.

Once the FDHRC™ receives all documents in the format required, the FDHRC™ will update the application status and inform the Applicant, via email, that their file is complete and has been sent to the Equivalency Evaluation Committee for review.

The Committee reviews the file and the FDHRC™ will communicate the decision to the Applicant usually within 8 to 10 weeks after the file has been completed. A review may take longer than 10 weeks only if the Committee requests additional information from the Applicant or the Applicant's educational institution.

5.4. Applicant Personal Information

The status and results of an Applicant's file and evaluation will only be discussed with the Applicant directly. No information will be shared with a third party (i.e. parent, spouse, etc.) unless written authorization has been provided by the Applicant.

If an Applicant gets to the point of licensure in a Canadian province/territory, the FDHRC™ will, at the Applicant's written request, share copies of official documents with the provincial/territorial regulator to complete their licensure requirements. Any expenses associated with the transmission of the documentation are the responsibility of the Applicant.

Please refer to the [FDHRC™ Privacy Policy](#) found on the website for more information on the collection and security of personal information.

5.5. Translation Policy

All documents must be submitted to the FDHRC™ **in the language of instruction**. If the language of instruction is not English or French, the Applicant must have the documents translated into either English or French at their own cost.

If the Applicant's educational institution has an official translation in either English or French of the required documents, the institution must send the documents to the FDHRC™ in their original language of instruction and attach the official signed translation in either English or French.

If the Applicant's educational institution does not have an official translation, and the FDHRC™ receives documents from the institution in a language other than English or French, the FDHRC™ will paginate these documents and send a copy back to the Applicant for translation. It is then the responsibility of the Applicant to have these documents translated **word for word** by a Certified/Official Translator.



The Certified/Official Translator must then send the translated documents directly to the FDHRC™ and not to the Applicant. All translated documents need to have the seal of a Certified/Official Translator to be considered. The FDHRC™ reserves the right to audit or verify translated documents for accuracy.

The FDHRC™ will accept electronically submitted translations if they are accompanied by a signed letter, embossed with the professional translator's seal. Alternatively, documents can be mailed directly from the translator to the FDHRC™ office.

6. Required Documentation

All required documents MUST be sent directly to the FDHRC™ office by mail, courier service or email, depending on the document. Documents received via email will only be accepted if the originator of the material can be determined without a doubt by the FDHRC™.

The document list below specifies in what format the document will be accepted by the FDHRC™. Incorrectly submitted documents will lead to delays in file completion and evaluation.

In order to process any application, the FDHRC™ needs all the required documents listed on the *Required Document Checklist for Applicants* (see [Appendix A](#)). If any of the documents listed are in a language other than English or French, they must be submitted in the original language, and it will be the responsibility of the Applicant to have a certified word for word translation done and sent to our office as per our Translation Policy.

In order to complete the assessment of educational credentials and qualifications, the FDHRC™ reserves the right to contact any relevant institutions and its representatives listed on the signed *Educational Program Documentation* ([Appendix B](#)) for verification purposes and/or to request additional information. If the Applicant attended more than one institution in order to complete their dental hygiene studies, each institution must be sent a signed copy of the [Appendix B](#) to be filled out by the institution and returned to the FDHRC™ office with the requested supporting documentation.

REMINDER: No assessment will be started until all the required documentation and payment of fees have been received.

IMPORTANT: If an Applicant submits fraudulent, forged, altered or irregular documents, the FDHRC™ will neither continue nor complete the assessment of credentials of the Applicant. A letter outlining the findings will be sent to the Applicant, fees will not be refunded, and all the documents received will become the property of the FDHRC™. The Applicant will no longer be eligible for an equivalency assessment. The FDHRC reserves the right to notify all provincial and territorial Canadian dental hygiene regulatory authorities and all recognized evaluation services. The FDHRC™ also reserves the right to notify the institution(s) and/or board(s), which had purportedly issued the documents.



6.1. Proof of legal name change

If an Applicant has legally changed their name, an original or notarized copy of proof of the name change (i.e., marriage certificate, divorce certificate, etc) must be sent to the FDHRC™.

This document must be sent to the FDHRC™ either directly from the official issuing source (i.e. government agency) or directly from the Notary attesting to its validity.

If the Applicant has not changed their name, and all the documents that the FDHRC™ will receive reflect their current legal name, this documentation is not required.

6.2. Dental Hygiene Diploma

An original of the Applicant's **dental hygiene diploma**, showing they have graduated from a dental hygiene program must be sent to the FDHRC™ directly from the official issuing source (i.e. post-secondary institution)¹. The FDHRC™ will not accept an original or (notarized) copy of the diploma from the Applicant.

If not in English or French, the FDHRC™ will send the Applicant an electronic copy of the diploma and it will be the Applicant's responsibility to have it translated by a Certified/Official Translator. The translated document, along with the copy of the original, must be sent directly to the FDHRC™ from the Certified/Official Translator. This can be done through mail or electronically, as long as the FDHRC™ can without a doubt confirm the source of the electronic file.

6.3. Legal Description

A **legal description** of the practice of dental hygiene in the jurisdiction/country of education outlines the competencies/skills dental hygienists are permitted and not permitted to perform in the jurisdiction/country of practice.

This document must be sent to the FDHRC™ directly from the official issuing source (i.e. dental hygiene regulatory authority in the country of graduation). The FDHRC™ will not accept an original or (notarized) copy of the document from the Applicant.

If not in English or French, the FDHRC™ will send the Applicant an electronic copy of the legal description and it will be the Applicant's responsibility to have it translated by a Certified/Official Translator. The translated document, along with the copy of the original, must be sent directly to the FDHRC™ from the Certified/Official Translator. This can be done through mail or electronically, as long as the FDHRC™ can without a doubt confirm the source of the electronic file.

6.4. Transcripts

An official **transcript** of grades/mark sheets/academic records must be submitted directly to the FDHRC™ office directly from the official issuing source (i.e. post secondary institution)². The FDHRC™ will not accept an original or (notarized) copy of the transcript from the Applicant.

If not in English or French, the FDHRC™ will send the Applicant an electronic copy of the transcript and it will be the Applicant's responsibility to have it translated by a Certified/Official Translator. The translated document, along with the copy of the original, must be sent directly to the FDHRC™

¹ Depending on the level of Educational Credential Evaluation (See Section 6.5) completed by the Applicant, they may not be required to submit separately their dental hygiene diploma. The FDHRC™ will notify the Applicant after receiving the Educational Credential Evaluation if the diploma needs to be submitted.

² Depending on the level of Educational Credential Evaluation (See Section 6.5) completed by the Applicant, they may not be required to submit separately their dental hygiene transcripts. The FDHRC™ will notify the Applicant after receiving the Educational Credential Evaluation if transcripts need to be submitted.

from the Certified/Official Translator. This can be done through mail or electronically, as long as the FDHRC™ can without a doubt confirm the source of the electronic file.

6.5. Educational Credential Evaluation

The FDHRC™ requires a report for post-secondary **educational credential evaluation**, which includes the country of education, the name of the institution(s) attended, the year and the specific credential received (degree, diploma or certificate), the length of the program, the area(s) of specialization and the Canadian equivalency, prepared and submitted directly to the FDHRC™ by one of the following external credentialing agencies approved by the FDHRC™:

- [World Education Services \(WES\)](#)
- [International Credential Evaluation Service \(ICES\)](#)
- [International Qualifications Assessment Service \(IQAS\)](#)

There are different types of evaluation that the Applicant can have completed by each of these organizations. While the FDHRC™ does not require a specific type of evaluation from these organizations, it does recommend the following:

- **WES Course-by-course evaluation:** in obtaining this type of evaluation the Applicant may not be required to provide their Official Transcripts and Diploma to the FDHRC™ directly³.
- **ICES Comprehensive Report:** in obtaining this type of evaluation the Applicant may not be required to provide their Official Transcripts and Diploma to the FDHRC™ directly⁴.
- **IQAS Specialized Assessment:** in obtaining this type of evaluation the Applicant may not be required to provide their Official Transcripts and Diploma to the FDHRC™ directly⁵.

Application forms for the reviews are available on the websites linked above. This document must be sent to the FDHRC™ directly from the official issuing source (i.e. WES, ICES, or IQAS). The FDHRC™ will not accept an original or copy of the document from the Applicant.

6.6. Educational Program Documentation

[Appendix B Education Program Information and Document Release Form](#): The Applicant is required to complete page 1 of [Appendix B](#) giving permission for their post-secondary institution to provide the supporting documentation about their dental hygiene program of study. After completing page 1, the Applicant must have their educational institution complete the rest of [Appendix B](#) and have the educational institution submit all official course syllabi/outlines/course descriptions from the years of study of the Applicant.

The course syllabi/outlines/descriptions must include:

³ The FDHRC™ reserves the right, and at their own discretion, to request official copies of documents after receiving the Educational Credential Evaluation regardless of the level of evaluation completed for the Educational Credential Evaluation.

⁴ The FDHRC™ reserves the right, and at their own discretion, to request official copies of documents after receiving the Educational Credential Evaluation regardless of the level of evaluation completed for the Educational Credential Evaluation.

⁵ The FDHRC™ reserves the right, and at their own discretion, to request official copies of documents after receiving the Educational Credential Evaluation regardless of the level of evaluation completed for the Educational Credential Evaluation.



- A program catalogue or a list of each course taken in the dental hygiene program and the weighting factors for each course (total number of hours/hours per week);
- Year the course was offered (i.e. the course descriptions must be from the year(s) the Applicant studied – not the most recent versions).
- Course details, including:
 - A detailed course description;
 - A detailed course content/objectives/learning outcomes/competencies;
 - The number of hours for each course in terms of theory, laboratory, preclinical and clinical hours;
 - A description of practical preclinical/laboratory experiences;
 - A description of practical clinical experiences including location, number of hours, types of direct client care dental hygiene services provided and average number/types of clients/patients treated while a student and applicable clinical reports/evaluation report cards (NOTE that direct client care activities can be in the school dental hygiene clinic, specialty practices, in long-term care facilities, in hospitals, in public health settings, in educational institutions, etc.); and,
 - A description of the methods of evaluation for each course (e.g. by examination, projects, weekly tests).

These documents must be sent to the FDHRC™ directly from the official issuing source (i.e. dental hygiene educational institution of graduation). The FDHRC™ will not accept any educational documents from any other source than the Applicant's dental hygiene educational institution and its representative(s). The FDHRC™ will not accept an original or copy of the documents from the Applicant.

All required documents **MUST** be sent directly to the FDHRC™ office by mail, courier service or via email. It is recommended that this information be submitted in electronic form even if mailed (i.e. USB key).

Any documents received via email will only be accepted if the originator of the material can be verified without a doubt by the FDHRC™.

IMPORTANT: Documentation must be submitted in the original language of instruction. If not in English or French, the FDHRC™ will send the Applicant a paginated electronic copy of the course documents and it will be the Applicant's responsibility to have it translated by a Certified/Official Translator. The translated document, along with the copy of the original, must be sent directly to the FDHRC™ from the Certified/Official Translator. This can be done through mail or electronically, so long as the FDHRC™ can without a doubt confirm the source of the electronic file.

6.7 Statement re. established dental hygiene program

This is only required for individuals who have graduated from a non-accredited program in Canada.



An official statement from a government recognized post-secondary institution that confirms the dental hygiene program is established as a separate school, faculty, division, or department and has been recognized by the appropriate government agency in the province/territory where the program is established.

This document must be submitted directly by the dental hygiene program/post-secondary institution or the government agency. The required document **MUST** be sent directly to the FDHRC™ office by mail, courier service or via email. Any documents received via email will only be accepted if the originator of the material can be determined without a doubt by the FDHRC™.

6.8 Confirmation of application for CDAC accreditation

This is only required for individuals who have graduated from a non-accredited program in Canada.

A letter from the post-secondary institution confirming that it has applied to CDAC for accreditation. This letter should include CDAC's recommendations and the institution's response as well as measures taken or to be taken since CDAC's report.

This document must be submitted directly by the dental hygiene program/post-secondary institution. The required document **MUST** be sent directly to the FDHRC™ office by mail, courier service or via email. Any documents received via email will only be accepted if the originator of the material can be determined without a doubt by the FDHRC™.

6.9. Self-Assessment of Educational Credentials and CE Activities

The self-assessment is meant to assist the Applicant in identifying and demonstrating how their post-secondary studies, previous work experience, and post-graduation continuing education opportunities align to the competency requirements for Canadian dental hygienists.

Post-secondary Studies – Once the educational documents (course outlines/program information) have been received by the office, the FDHRC™ will combine the documents (if necessary) and paginate them. A paginated copy of the course/program information will then be sent to the Applicant for use in completing this document.

Continuing Education - If the Applicant attended recognized continuing education courses since graduation, the course name and a line or two of what the course covered and how it aligns with the competency requirements for Canadian dental hygienists should be included in this document. For more information on providing proof of CE completion, see [section 6.10](#) and [Appendix E](#).

The self-assessment document ([Appendix D](#)) **MUST** be completed directly by the Applicant. The Applicant cannot request or hire another individual to complete the document for them. The required document should be sent directly by the Applicant to the FDHRC™ office by mail, courier service, or via email.

IMPORTANT: The self-assessment cannot be completed until **AFTER** the educational documents have been received and a paginated copy of the course/program information has been sent to the Applicant from the FDHRC™. If submitted before this, the Applicant will be required to update the information to align with the official paginated copy of the documents sent to them by the FDHRC™.



See [Appendix C](#) for an example of how to complete the self-assessment document.

6.10. Continuing Education Activities Report

The Applicant is expected to list each Continuing Education activity they have completed since graduating from their dental hygiene studies.

Continuing Education activities can include college/university certificates or diplomas that are not from the Applicant's dental hygiene program, online or in-person courses, published articles/papers, etc.

The Applicant must submit proof of completion of the continuing education activities with the [Appendix E](#). This proof can include letters of validation, certificates of completion, etc.

If the Applicant has not completed any continuing education post-graduation, the declaration at the top of the document must be signed attesting to this and the document submitted to the FDHRC™.

The document and all proof of completion of activities can be sent directly by the Applicant to the FDHRC™ office by mail, courier service, or via email. The FDHRC™ reserves the right to seek further validation of completion of the continuing education activities, should questions arise of the validity of the CE completed.

6.11. Current and Former Employers Report

The Applicant is expected to list each employer and position in dental hygiene that they have held since graduating from their dental hygiene studies.

If the Applicant has not worked as a dental hygienist post-graduation, the declaration at the top of the document must be signed attesting to this and the document submitted to the FDHRC™.

The document can be sent directly by the Applicant to the FDHRC™ office by mail, courier service, or via email. The FDHRC™ reserves the right to seek further validation of employment history, should questions arise around the validity of the provided information.

6.12. Notarized photograph

One current notarized and signed, passport-compliant photograph.

A passport-style photograph is one which has a plain background, shows the full face, and with no hats/headwear (exception for religious headwear only). A notarized photo is certified by a Notary Public, a licensed public officer who serves as an impartial witness to the signing of documents and establishes the authenticity of the signatures and photos for identification.

Candidates also need to sign, in ink, the reverse of the photograph before sending it to the FDHRC™ office. Candidates need to ensure that the photograph is a current likeness of themselves. The photo must have been taken and dated within the last 6 months.



If found equivalent the notarized photo is used in part to confirm the identity of the Applicant on exam day. Should an Applicant drastically change their appearance between when the photo was taken and when they have been found equivalent and apply to take the NDHCE™, the FDHRC™ will require a new notarized photograph that is a true representation of how the Applicant will look on the exam day.

7. Application Complete – Next Steps

7.1. Decision Communication

One copy of the assessment report result will be issued to the Applicant or their agent. A successful assessment result establishes eligibility for the Applicant to apply to write the NDHCE™ within a period of **three (3) years from the date of approval**.

When an Applicant's assessment of educational credentials and qualifications is deemed equivalent, a letter to the Applicant will outline the process on how to apply for the examination (NDHCE™). The letter will also include the date of the next scheduled examination for which the Applicant is eligible to apply. To apply for the NDHCE™, the Applicant must complete the NDHCE™ application form and pay the appropriate examination fee and applicable taxes.

An Applicant who did not have their educational credentials and qualifications deemed equivalent to those of a graduate of a Canadian accredited dental hygiene program will NOT be eligible to write the NDHCE™ and CPEDH™. The assessment report sent to the Applicant will outline specific deficiencies and suggest other mechanisms that may be available to pursue eligibility to write the NDHCE™ and the CPEDH™ in the future. Once an Applicant has been notified that their educational credentials and qualifications are not equivalent, the Applicant's assessment of credentials' file is closed. If the Applicant wishes to reactivate the file, a new application, appropriate fees, and proper supporting documentation must be submitted.

Assessment decisions and reasons reports may differ over time as the FDHRC™'s dental hygiene program assessment decisions are based on the most recent Canadian educational standards for the profession.

7.2. NDHCE™

Applicants from non-accredited schools who have been granted equivalency must successfully complete the NDHCE™ as the first step prior to registering to practice as a dental hygienist in Canada. Individuals should check with the Regulator in the province in which they wish to register to confirm their additional requirements to practice.

The NDHCE™ tests the level of knowledge, judgment, and skills of Canadian Dental Hygienists that are expected at the entry-to-practice level. The NDHCE™ is constructed in such a way that it respects diversity in terms of culture, provincial/territorial regulations, language, and special needs.

The NDHCE™ administrations are scheduled three (3) times per year in January, May and September. Examinations are administered in most major cities across Canada through Meazure



Learning. The NDHCE™ is only be offered in testing centres in Canada. Individuals can learn more about the NDHCE™ on the [FDHRC™ website](#).

7.3. CPEDH™

Applicants from non-accredited schools who have been granted equivalency and have passed the National Dental Hygiene Certification Examination™ (NDHCE™), must also successfully complete the Canadian Performance Examination in Dental Hygiene™ (CPEDH™) before they can register to practice in most provinces. Individuals should check with the Regulator in the province in which they wish to register to confirm their requirements to practice.

The CPEDH™ is a practical examination that assesses an Applicant's clinical skills. The purpose of this exam is to ensure that all candidates possess the breadth and depth of clinical skills to safely and effectively enter professional dental hygiene practice in Canada. The CPEDH™ is a two-part performance-based assessment, which will assess the competency of an entry-to-practice dental hygienist's knowledge and/or skills in both a simulated-based setting and an authentic clinical context delivered over two days.

The CPEDH™ is delivered yearly in a central location and as of 2022, is administered by the Federation of Dental Hygiene Regulators of Canada™ (FDHRC™). Individuals can learn more about the CPEDH™ on the [FDHRC™ website](#).

7.4. Reassessment

Any Applicant whose file was found not equivalent can [apply for a reassessment](#) of their file by completing the reassessment application and payment of fees.

To be considered for a reassessment the Applicant must provide additional documentation that was not included in their original application. This new/updated documentation must provide new supporting evidence of their equivalency. This documentation should explicitly address the gaps highlighted in the decision rationale provided by the Committee to the Applicant.

The reassessment is carried out by the same Committee using the same methodology as the original assessment. If an individual applies for a Reassessment of their application but is unable to provide additional or new documentation the application will be cancelled, and the fees refunded minus a non-refundable administration fee.

7.5 Appeals

Any Applicant who is denied eligibility and believes that they were treated unfairly can request an appeal, as outlined in the FDHRC™'s Appeal Policy.



Appendix A – Required Document Checklist for Applicants

Checklist for US and International Applicants from non-accredited schools

✓	Document	Who should send it to the FDHRC™
	Proof of legal name change	Sent directly from the official issuing source (i.e. government agency) or directly from the Notary attesting to its validity.
	Dental hygiene diploma	Sent directly from the official issuing source (i.e. post-secondary institution).
	Legal description	Sent directly from the official issuing source (i.e. dental hygiene regulatory authority in the country of graduation).
	Transcripts	Sent directly from the official issuing source (i.e. post-secondary institution).
	Educational Credential Evaluation	Sent directly from the official issuing source (i.e. WES, ICES, or IQAS).
	Appendix B & Course documents	Sent directly from the official issuing source (i.e. dental hygiene educational institution of graduation).
	Self-Assessment of Educational Credentials and CE Activities	Sent directly from the Applicant
	Continuing Education Activities Report	Sent directly from the Applicant
	Current and Former Employers Report	Sent directly from the Applicant
	Notarized photograph	Sent directly from the Applicant

Checklist for Canadian Applicants from non-accredited schools

✓	Document	Who should send it to the FDHRC™
	Proof of legal name change	Sent directly from the official issuing source (i.e. government agency) or directly from the Notary attesting to its validity.
	Dental hygiene diploma	Sent directly from the official issuing source (i.e. post-secondary institution).
	Legal description	Sent directly from the official issuing source (i.e. dental hygiene regulatory authority in the country of graduation).
	Transcripts	Sent directly from the official issuing source (i.e. post-secondary institution).
	Educational Credential Evaluation	Sent directly from the official issuing source (i.e. WES, ICES, or IQAS).
	Appendix B & Course documents	Sent directly from the official issuing source (i.e. dental hygiene educational institution of graduation).
	Statement re. established dental hygiene program	Sent directly from the dental hygiene program/post-secondary institution or the government agency.
	Confirmation of application for CDAC accreditation	Sent directly from the dental hygiene program/post-secondary institution.
	Self-Assessment of Educational Credentials and CE Activities	Sent directly from the Applicant
	Continuing Education Activities Report	Sent directly from the Applicant
	Current and Former Employers Report	Sent directly from the Applicant
	Notarized photograph	Sent directly from the Applicant

Appendix B – Education Program Information and Document Release Form

Applicant – PLEASE COMPLETE THIS SECTION		
Name of applicant: _____		
Full Legal Name		
Student ID Number:	Date of Birth:	Month/Yr of graduation:
_____	_____	_____
<i>I hereby allow the official representative from my dental hygiene institution named on page 3 of this document to be the liaison and be responsible to provide to the Federation of Dental Hygiene Regulators of Canada (FDHRC) all pertinent supporting documentation that will be needed for me to complete my application file in order to have my educational credentials and qualifications in dental hygiene assessed by the FDHRC.</i>		
Signature: _____		
Date: _____		

Instructions to the School for Completing and Submitting the Information and Documents

The former student named above has applied to the Federation of Dental Hygiene Regulators of Canada (FDHRC) for an equivalency assessment. The FDHRC assesses the educational credentials and qualifications of dental hygienists educated in a dental hygiene program non-accredited by the Commission on Dental Accreditation of Canada (CDAC) or otherwise recognized by a reciprocal recognition agreement, in order to determine if they meet the published Canadian dental hygiene standards and if they do, they will become eligible to write the National Dental Hygiene Certification Board Examination (NDHCE).

In order to help complete the candidate's assessment, please provide the information asked for in this Appendix B at your earliest convenience. Your institution's Registrar, Dean, Program Director or Principal may complete the Document Release Form. **The institution must send this form and all pertinent documentation directly to the FDHRC office, and not to the former student/candidate.** We will not accept this form or any supporting documents if it does not come directly from your institution.



This document is prepared for a variety of teaching institutions around the world including North America. Some questions or terms used within this document may not have the same meaning outside of North America (e.g., modules, problem-solving based education, etc...). If you are having difficulty understanding any of the terms or questions in this document, please contact us at info@fdhrc.ca for clarifications.

DOCUMENTS TO SEND WITH THE COMPLETED DOCUMENT REQUEST

Appendix B 2024 – Page 1 of 6

Along with this form, including this page, please send us documents that contain the following information about your former student's dental hygiene education:

- A program catalogue, if available.
- **Official** academic records (transcripts or mark sheets or statement of marks, etc...) issued by the teaching institution.
- The grading scale relevant to the student's time of study.
- The weighting factors (number of hours for each course/semester/year).
- Entire program syllabus **from the time of study of the student** (could be called course outlines, course descriptions, course descriptors, etc...) including a course description, detailed objectives and learning outcomes/competencies taught in each course, including the methods of evaluation.
- The number of classroom/theory, laboratory, preclinical and clinical credits or hours, and the passing grades or marks earned for each completed courses.
- Report cards on supervised clinical practice rotations and direct client care activities, including the number of hours, the areas practiced and a detailed description of the supervised clinical practice.

NOTE: Please provide all supporting documents in the language of instruction.

If the language of instruction is not English or French and your institution does have a **word for word** translation of all supporting documents in either English or French, the FDHRC will accept both documents as long as you authenticate that the translation is valid and true.

If you do not have a word for word translation of all supporting documents, it will be the responsibility of the applicant to have the original documents translated after the FDHRC have received the original documents from your institution.



The dental hygiene educational institution must complete this section.

THIS FORM IS COMPLETED BY: ☐ REGISTRAR ☐ PROGRAM DEAN ☐ PRINCIPAL ☐ PROGRAM DIRECTOR

Name: _____

Please print

Email: _____

Signature: _____ Date: _____

School Seal/Stamp

Full Name of Student: _____

Date of Birth: _____

day month year

Name of the dental hygiene (DH) institution: _____

Name of School
(if different from above): _____

Address of the DH institution: _____

Telephone: _____ Web Page: _____

Name of degree, diploma or certificate awarded: _____

Language of instruction: _____

Minimum academic entrance requirement for the program: _____

Student's mode of entry if different from above: _____

Number of credits transferred from previous education (if applicable): _____

Student

Student

Admission date: _____

Completion date: _____

Length of DH program: Number of years _____

Number of Semesters _____

Total Number of hours _____

How many weeks in one semester _____

How many hours in 1 credit _____

NEXT PAGE PLEASE ►



How many practical hours in 1 credit? _____

This type of DH program is: ☐ Modular ☐ Problem-based ☐ Other _____

Date the student fulfilled all educational and clinical requirements for the DH program: _____

Date DH degree/diploma/certificate was awarded: _____

Is there a designated authority that is legally entitled to accredit your institution? Please indicate its full name

☐ Ministry/Department of Education ☐ Ministry/Department of Health ☐ Other (Specify): _____

Can the student work as a dental hygienist after s/he successfully completes your program? ☐ YES ☐ NO

What are the requirements for a student to be able to work as a dental hygienist after successfully completing your program?

*For example, are there other requirements that the student must fulfill before they are eligible to work as a dental hygienist (e.g., national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities) in your country. **Please provide as much information as possible.***

NEXT PAGE PLEASE ►



1. Was Independent/Autonomous Practice/Primary Care Provider training included in the curriculum? ☐ YES ☐ NO

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Independent/Autonomous Practice?

Are dental hygiene students taught how to make a dental hygiene diagnosis? ☐ YES ☐ NO

Are your graduates allowed to make a dental hygiene diagnosis? ☐ YES ☐ NO

Can your graduates develop a treatment plan independent of a dentist's direction/supervision? ☐ YES ☐ NO

2. Were Evidence-Based Practice principles included in the curriculum? ☐ YES ☐ NO

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Evidence-Based Practice?

3. Was Scientific Inquiry/Research included in the curriculum? ☐ YES ☐ NO

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Scientific Inquiry?

NEXT PAGE PLEASE ►



4. Were Professional Conduct (Jurisprudence) and Ethics included in the curriculum? ☐ YES ☐ NO

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

5. How do you define the Dental Hygiene Practice Model taught in your curriculum?

Write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

6. Were Ergonomic principles taught and evaluated in the curriculum? ☐ YES ☐ NO

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

7.

Total number of hours of faculty supervised clinical hours in dental hygiene: _____

8. Breakdown of the hours of supervised clinical practice in dental hygiene in the following environment:

Direct client care in a clinical setting: _____ Health Education: _____

Health Promotion/Community Public Health: _____

Other hours: _____

Please describe the area of practice: _____

Send this form (including the first page with the area completed by the student), along with all supporting documentation **directly to the FDHRC office** (and NOT through the student). Please send to:

Federation of Dental Hygiene Regulators of Canada, 75-B Colonnade Road, Ottawa, ON, Canada K2E 0A8
Tel: 613.260.8156 Fax: 613.260.8511 Email: info@fdhrc.ca Website: www.fdhrc.ca



APPENDIX C Example of How to Complete Appendix D (Self-Assessment of Educational Credentials and CE Activities)

NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION				ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (√)				
1. RESPONSIBILITY AND ACCOUNTABILITY					
The dental hygienist:					
1.01 Applies ethical principles.			DH Course XYZ DH Course ABC	22-27, 31 155-159	CE Course Name As listed in Appendix E. This course taught the ethos of client-centred practice. A review on measuring data/indices and HOW to use them to treat the whole client not just the oral health. This increases a focus on client autonomy and agency and increases ability to be a client advocate. Review of periodontal indices, assessment and communication skills used to determine disease and to gain informed consent. Reinforcing the need to assess every client that I see. Sharpen communication skills to advise people who “just want a clean”. Reviewed medico-legal consequences of supervised neglect and note taking skills to record findings.
				By following the ethical principles (Patient Autonomy, Nonmaleficence, Integrity, Confidentiality, Veracity and the others) I cared for each patient in a professional manner.	



NATIONAL DENTAL HYGIENE COMPETENCIES		ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION				ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
		Was the competency taught in your Dental Hygiene program? Mark with an (✓)	If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
		YES	NO	Course name & number	Page(s)	
1.02	Complies with current national jurisprudence requirements and relevant legislation, standards, and codes.			DH Course LMN DH Course ABC	5-10 16-19	
1.03	Works within scope of practice and own level of competence, both independently and as part of an interprofessional team.			DH Course XYZ DH Course EFG	42 51	In my daily dental hygiene practice, I demonstrate the competency of working within my scope of practice and level of competence, both independently and as part of interprofessional teams. For example, I work independently to provide preventive care and patient education, adhering to my training and professional expertise. Simultaneously, I collaborate with orthodontists, periodontists, and other specialists in complex cases, ensuring comprehensive patient care by respecting the boundaries of my role within the dental team.
1.04	Maintains privacy and confidentiality in accordance with relevant legislation.			DH Course XYZ DH Course ABC		<i>CE Course Name as listed in Appendix E:</i> Recognise signs and symptoms of DFV, put protocols in place to assist clients in need of care. Implement staff training on how to recognise DFV. Have access to pamphlets in the surgeries, common areas, and restrooms. Communicate referral pathways to staff where appropriate.



NATIONAL DENTAL HYGIENE COMPETENCIES		ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION				ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
		Was the competency taught in your Dental Hygiene program? Mark with an (√)	If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
		YES	NO	Course name & number	Page(s)	
1.05	Maintains documentation and records consistent with relevant legislation.			DH Course XYZ DH Course ABC		According to the legal requirements and adherence to standards of the dental hygiene profession, maintained documents and records consistent with the afore-mentioned, also ensured that patients' paper records were stored properly and securely, records were also computerized.
1.06	Recognizes incompetent or unsafe practice of self and others and responds appropriately.			DH Course XYZ DH Course ABC		Practiced with personal limitations and legal scopes of practice, applied all codes of ethics, checked the work environment for anything that may be deem un-ethical unsafe or incompetent..



APPENDIX D Self-Assessment of Educational Credentials and Continuing Education Activities

FULL NAME OF
APPLICANT:

DATE OF BIRTH (DD/MM/YY):

DENTAL HYGIENE
SCHOOL:

YEARS
ATTENDING:

DATE OF
GRADUATION:

The purpose of the self-assessment tool is meant to assist you in identifying how your educational program, previous work experience and any post-graduation continuing education opportunities compare to/align with the competency (e.g. knowledge, skills, attitudes, judgment) requirements for Canadian dental hygienists. This document is one of the tools that will be used to evaluate your educational credentials and qualifications to determine whether your dental hygiene education and your qualifications are substantially equivalent to those of a competent practicing entry-level Canadian educated dental hygienist.

This self-assessment document MUST be completed directly by the Applicant. The Applicant cannot request or hire another individual to complete the document for them.

Instructions to Complete the Self-Assessment

The self-assessment is comprised of the 82 competencies under the eight (8) categories of the National Competency Profile found in the NDHCE Blueprint. The competency categories are:

1. Responsibility and Accountability

2. Client and Professional Relationships

3. Health & Safety and Practice Management

4. Foundational Knowledge
5. Assessment and Diagnosis

6. Planning

7. Implementation

8. Evaluation

To complete the table, **read each competency carefully** and enter your response to the question found at the top of each column.

As you go through the table, some competencies appear to be repeated in categories five (5) to eight (8). When completing your self-assessment, it is important you understand how the competency in each section relates to the specific step of the process of care (assessment & diagnosis, planning, implementation, and evaluation).

A glossary of terms used in the competencies is included in the NDHCE Blueprint (Appendix D). Words or terms that are included in the Glossary are identified in this document by bold text the first time they appear in a Competency.

NOTE: When filling out the table, you must use the official and paginated original version of the course supporting documents sent to the FDHRC office. If you have not received a paginated copy of the documents from the FDHRC, please contact the FDHRC office to request a copy (info@fdhrc.ca). Any Appendix D that is completed and submitted prior to the applicant receiving the paginated version of the course documents will not be accepted and the applicant will be required to re-submit the form with the correct information to align with the paginated version.



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
1. RESPONSIBILITY AND ACCOUNTABILITY The dental hygienist:						
1.07 Applies ethical principles.						
1.08 Complies with current national jurisprudence requirements and relevant legislation, standards, and codes.						
1.09 Works within scope of practice and own level of competence, both independently and as part of an interprofessional team.						
1.10 Maintains privacy and confidentiality in accordance with relevant legislation.						
1.11 Maintains documentation and records consistent with relevant legislation.						
1.12 Recognizes incompetent or unsafe practice of self and others, and responds appropriately.						



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
1.13	Implements quality improvement activities based on self-assessment of own professional learning needs.					
1.14	Incorporates new evidence from research, clinical expertise, and other relevant resources to support dental hygiene practice.					
2. CLIENT AND PROFESSIONAL RELATIONSHIPS The dental hygienist:						
2.01	Demonstrates sensitivity to client diversity.					
2.02	Implements communication approaches (e.g., verbal, nonverbal, visual, written and electronic forms of communication) for clients and stakeholders based on their characteristics, needs, linguistic level, and health literacy.					
2.03	Collaborates with communities, interprofessional teams, and stakeholders to improve oral health outcomes.					



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
2.04 Acts as a client advocate.						
3. HEALTH & SAFETY AND PRACTICE MANAGEMENT The dental hygienist:						
3.01 Applies principles of infection prevention and control.						
3.02 Applies principles of risk reduction for client, colleague, and practitioner safety, health and wellbeing.						
3.03 Takes responsibility for the use, maintenance, and disposal of equipment and materials involved in the delivery of dental hygiene services.						
3.04 Uses information systems (e.g., health records, online pharmacology database, financial records, etc.) for the collection, retrieval, and storage of data to support dental hygiene practice.						
3.05 Manages time, resources (e.g., financial, materials, personnel, etc.), and priorities to ensure effective dental hygiene practice.						
4. FOUNDATIONAL KNOWLEDGE						



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
The dental hygienist:						
4.01 Uses knowledge of basic principles of research methods and statistics in dental hygiene practice.						
4.02 Uses knowledge of the behavioural sciences (e.g., psychology, sociology, etc.) in dental hygiene practice.						
4.03 Uses knowledge of anatomy, biology, histology, pathology, and physiology in dental hygiene practice.						
4.04 Uses knowledge of biochemistry and nutrition in dental hygiene practice.						
4.05 Uses knowledge of immunology and microbiology in dental hygiene practice.						



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
4.06 Uses knowledge of pharmacology in dental hygiene practice.						
4.07 Uses knowledge of periodontology in dental hygiene practice.						
4.08 Uses knowledge of head/neck anatomy and physiology in dental hygiene practice.						
4.09 Uses knowledge of oral/dental anatomy and physiology in dental hygiene practice.						
4.10 Uses knowledge of oral/dental embryology and histology in dental hygiene practice.						
4.11 Uses knowledge of oral pathology in dental hygiene practice.						



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program?		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>	Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.	
	Mark with an (✓)					
	YES	NO				
			Course name & number	Page(s)		
4.12 Uses knowledge of dental radiography in dental hygiene practice.						
4.13 Uses knowledge of orthodontics in dental hygiene practice.						
4.14 Uses knowledge of restorative dentistry, endodontics, prosthodontics, and oral surgery in dental hygiene practice.						
5. ASSESSMENT AND DIAGNOSIS The dental hygienist:						
5.01 Assesses epidemiological data (e.g., demographic data, determinants of health, etc.)						
5.02 Assesses health history including prescribed and non-prescribed pharmaceuticals, herbs, and supplements.						



NATIONAL DENTAL HYGIENE COMPETENCIES	ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE EDUCATION					ASSESSMENT OF THE APPLICANT'S DENTAL HYGIENE PRACTICE EXPERIENCE and/or KNOWLEDGE ACHIEVED THROUGH CONTINUING EDUCATION
	Was the competency taught in your Dental Hygiene program? Mark with an (✓)		If YES, where is it evidenced in the Dental Hygiene curriculum provided? <i>Enter the name(s) of the course(s) and page number(s) as highlighted in the paginated version of the course documents.</i>		Provide specific and detailed examples that show how you have met the competency during your Dental Hygiene program. <i>Do not copy examples directly from program documents -examples must be based on personal experience from your dental hygiene program and written in your own words.</i>	Provide specific and detailed examples that show you have met the competency in your day-to-day dental hygiene practice and/or how the competency was achieved through completion of a recognized continuing education (CE) course listed in Appendix E. When providing an example, indicate if the example is from your dental hygiene practice or a CE course. If it is from a CE course, provide the name of the course as it is listed on Appendix E.
YES	NO	Course name & number	Page(s)			
5.03 Assesses vital signs.						
5.04 Identifies clients for whom the initiation or continuation of treatment is contraindicated.						
5.05 Identifies clients at risk for medical emergencies.						
5.06 Assesses the head and neck region.						
5.07 Assesses intraoral soft tissues other than the periodontium.						
5.08 Assesses intraoral hard tissues.						



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	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
5.09 Assesses the periodontium.						
5.10 Assesses hard and soft deposits.						
5.11 Identifies risk factors for diseases including dental, oral, and periodontal pathologies.						
5.12 Determines the need for radiographs.						
5.13 Uses additional diagnostic modalities (e.g., photographs, study models, pulpal testing, microbiological testing, caries and oral cancer screening tests, etc.), as needed.						
5.14 Assesses dietary practices.						



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	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
5.15 Uses oral health indices.						
5.16 Assesses and interprets radiographs.						
5.17 Assesses clients' oral health knowledge, beliefs, attitudes, motivation, skills, and barriers to learning as part of the educational process.						
5.18 Determines the need for consultation with other professionals.						
5.19 Formulates a dental hygiene diagnosis using problem solving and decision-making skills						
6. PLANNING The dental hygienist:						



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YES	NO	Course name & number	Page(s)			
6.01	Prioritizes clients' needs through a collaborative process involving clients, family, care providers, and others, as needed.					
6.02	Identifies strategies to minimize the risk of a medical emergency.					
6.03	Adapts strategies and interventions for clients with diverse needs.					
6.04	Develops dental hygiene care plans based on assessment data and a client-centred approach.					
6.05	Supports clients' autonomy by assisting them in making informed decisions about dental hygiene services.					
6.06	Determines the need for client referral to other health professionals.					



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	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
6.07 Develops educational interventions, health promotion strategies, and community oral health programs based on assessment data and a client-centred approach.						
7.IMPLEMENTATION The dental hygienist:						
7.01 Applies principles of instrumentation.						
7.02 Exposes and processes intraoral and extraoral radiographs.						
7.03 Teaches clients oral self-assessment techniques.						
7.04 Provides coaching/advice to clients regarding oral self-care.						



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YES	NO	Course name & number	Page(s)			
7.05 Counsels clients regarding tobacco cessation strategies.						
7.06 Provides clients with information regarding dietary practices.						
7.07 Implements strategies to manage client pain, anxiety, and discomfort, including local anesthesia.						
7.08 Provides non-surgical periodontal therapy using hand instrumentation.						
7.09 Provides non-surgical periodontal therapy using powered instrumentation.						
7.10 Applies anticariogenic agents and therapies.						



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	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
7.11 Applies appropriate chemotherapeutics/pharmacotherapeutics excluding anticariogenic agents.						
7.12 Takes impressions and fabricates study models, tooth whitening trays, and sports mouthguards.						
7.13 Provides tooth whitening services.						
7.14 Takes intraoral and extraoral photography.						
7.15 Applies and removes periodontal dressings and removes sutures.						
7.16 Places temporary restorations.						
7.17 Responds to medical emergencies.						
7.18 Implements educational interventions, health promotion strategies, and community oral health programs that meet clients' learning needs.						
8. EVALUATION The dental hygienist:						



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	Mark with an (✓)					
	YES	NO	Course name & number	Page(s)		
8.01 Uses measurable criteria to evaluate outcomes.						
8.02 Revises dental hygiene care plans, educational interventions, health promotion strategies, and community oral health programs, as needed.						
8.03 Evaluates the effectiveness of clinical dental hygiene care.						
8.04 Evaluates the need for client referral to other health professionals.						
8.05 Provides recommendations to clients regarding their ongoing care.						
8.06 Evaluates the effectiveness of educational interventions, health promotion strategies, and community oral health programs.						



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	Mark with an (✓)	YES	NO	Course name & number	Page(s)	
8.07 Communicates evaluation outcomes to clients, family, care providers, stakeholders, and others.						



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.

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.

If the Applicant has not completed any continuing education activities since completion 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)

NOTE: APPLICANTS CAN ADD MORE ROWS IF MORE SPACE IS NEEDED.



APPENDIX F Current and Former Employers Self-Reporting Form

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: _____

Please complete the template below to report your current or/and former employer(s) as a practicing dental hygienist. List your employers from the most recent to the least recent.

If the Applicant has not been employed as a dental hygienist since completion of their dental hygiene program. The statement below must be signed, and the appendix submitted blank with the Applicant's Equivalency File.

I have never practiced as a dental hygienist.

Date: _____ Signature of Applicant: _____

	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.
1.						
2.						
3.						



	<i>Full Name & Address of Employer (including email address)</i>	<i>Employed from ____ to ____</i>	<i># hours worked per week</i>	<i>Areas of responsibilities</i>	<i># clients treated per day</i>	<i>Outline a typical day in that practice.</i>
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

NOTE: APPLICANTS CAN ADD MORE ROWS IF MORE SPACE IS NEEDED.



APPENDIX G Equivalency Assessment Process Map

