



**APPLICATION FOR CANADIAN PERFORMANCE EXAM IN DENTAL HYGIENE**  
**EXAM DATE - Toronto, Ontario: October 22 – 23, 2022**

**Application Deadline: August 29, 2022**

***Please TYPE or PRINT all information. Incomplete forms may result in delays.***

**A CONTACT INFORMATION**

1. NAME\*: \_\_\_\_\_  
(SURNAME NAME(S)) (GIVEN NAME(S))

ADDRESS: \_\_\_\_\_  
(STREET) (APT NO./PO BOX)

\_\_\_\_\_  
(CITY) (PROVINCE) (POSTAL CODE) (COUNTRY)

TELEPHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_  
(MAIN) (ALTERNATE)

**B ADDITIONAL REQUIRED INFORMATION**

**1. Have you applied previously under a different name?**

Yes: \_\_\_\_\_  
(Provide previous names here)

No

**2. Have you Previously attempted any other clinical examinations in Canada**

Yes (fill in information below)

No

**Province/Territory:** \_\_\_\_\_ **Date of Clinical Exam:** \_\_\_\_\_  
**Province/Territory:** \_\_\_\_\_ **Date of Clinical Exam:** \_\_\_\_\_  
**Province/Territory:** \_\_\_\_\_ **Date of Clinical Exam:** \_\_\_\_\_

### 3. Dental Hygiene Education\*

Name of College/University: \_\_\_\_\_

Location of College/University: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

*\*If the FDHRC does not have the following documentation already on file, you will be required to provide it before the application deadline. 1) Notarized copy of your Dental Hygiene Diploma/Degree OR 2) Transcript (submitted directly from your institution)*

### 4. Have you successfully passed the NDHCE?

Yes: \_\_\_\_\_  
(Provide date & Certificate Number)

No

### 5. Professional Liability Insurance

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Amount of Coverage: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### REQUIRED DOCUMENTATION

I confirm that I have attached a copy of my Professional Liability Insurance Policy for a minimum amount of \$1,000,000.00.

### 6. Accommodations

Candidates wishing to apply for exam accommodations must submit the Special Accommodation Application form and Supporting Documentation for Accommodation Request form at the time of application. They can be found on the website at: [www.ndhcb.ca/quick-forms](http://www.ndhcb.ca/quick-forms)

<b>C</b>	<b>PHOTO IDENTIFICATION</b>
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- Please supply two (2) notarized passport-style photographs which have a plain background, full face, and no hat.
- Sign your name in ink on the reverse of both photographs and attach by staple to this form.
- Ensure the photograph is a current likeness to you as it will be used to identify you at the examination.

I confirm that I have attached two (2) notarized and signed passport-style photographs of myself

<b>D</b>	<b>CONFIRMATION OF UNDERSTANDING</b>
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I, the undersigned, hereby make application to take the October 2022 **Canadian Performance Exam in Dental Hygiene** conducted by the Federation of Dental Hygiene Regulators of Canada (FDHRC) to be delivered in Toronto, Ontario. I do not know of any reason, condition, or circumstance why I should not be eligible to sit the examination.

I understand that the FDHRC is now the owner of the Canadian Performance Examination in Dental Hygiene (CPEDH), and that any unsuccessful clinical examination results recorded by a previous owner\* will count toward the FDHRC's maximum number of allowable examination attempts. I also understand and accept that FDHRC will share the final results of all of my clinical exams with the Canadian Dental Hygiene Regulatory Authorities.

I understand that the information that I provided may be verified by the FDHRC and I authorize the FDHRC to seek additional information from third parties as necessary in order to process this application. I also authorize all such third parties to release such information to the FDHRC. I make this solemn declaration, conscientiously believing all statements on this application to be true and complete, and knowing that it is of the same force and effect as if made under oath.

SIGNATURE	DATE
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*\*Previous owners are College of Registered Dental Hygienists of Alberta, College of Dental Hygienists of British Columbia, and College of Dental Hygienists of Ontario.*

<b>E</b>	<b>FEES</b>
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The **Application Fee is \$2,650 (Cdn) + tax**. All fees are plus tax (5% for AB, BC, SK, MB, QC and the Territories; 13% for ON, US and International; 15% for PE, NS, NB and NL).

A CERTIFIED CHEQUE or MONEY ORDER in Canadian funds payable to the Federation of Dental Hygiene Regulators of Canada OR a valid CREDIT CARD number (VISA or MasterCard) or VISA debit card is required.

Applications will not processed until payment is received.

- Credit Card Information below  
  Cheque enclosed  
  Money Order enclosed

CREDIT CARD NUMBER	EXPIRATION DATE	CVD
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ADDRESS OF CARD HOLDER (Number, Street Name, City, Province, Postal Code)

NAME OF CARDHOLDER	SIGNATURE
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**For FDHRC Office Use Only**

**Application Received date (DD/MM/YYYY):** \_\_\_\_\_

**Transcript/Notarized Diploma on file:** \_\_\_\_\_

**Confirmation passed NDHCE:** \_\_\_\_\_

**Two photos provided:** \_\_\_\_\_

**Copy of insurance provided:** \_\_\_\_\_

**Other notes:**

**FDHRC STAFF SIGNATURE** \_\_\_\_\_