

**FEDERATION OF DENTAL HYGIENE REGULATORS OF CANADA (FDHRC)  
APPENDIX A – APPLICATION FOR ASSESSMENT OF EDUCATIONAL CREDENTIALS**

*Educational Credentials and Qualifications Assessment for Dental Hygienists  
Educated in Dental Hygiene Program Not Accredited by CDAC or ADA-CODA Rev. 2020*

**Please type or print clearly**

Initial Application <input type="checkbox"/>	Date of Birth		
Repeat Application <input type="checkbox"/>	(Day)	(Month)	(Year)

Family Name (Last Name)

Given Name (First Name)

ADDRESS (to which ALL correspondence, including results will be mailed)

Street (number, street name, apartment number)

City

Province

Country

Postal Code (or Country Code/Zip Code)

Main phone

Email address (mandatory)

Alternative phone

List all schools, colleges, institutes, and universities attended in order to obtain your **Dental Hygiene qualifications (certificate/diploma/degree)**.

*(Start with the most recent one – Use additional paper if necessary)*

Name of institution	City & Country	Attendance From/To (M/Y)	Year of Graduation	Language of Education	Name of Diploma/ Degree/ Certificate	Enclosed (Y/N)

**APPLICATION FEE\***

<b>Application Fee</b>	<b>\$1030</b>	Money Order or Certified Cheque (in Canadian dollars) Payable to: <b>Federation of Dental Hygiene Regulators of Canada</b>
<b>Optional Fees</b> (Indicate by adding to column)	<b>+</b>	<b>OR</b>
Duplicate results letter requested with assessment	<b>\$10</b>	<b>Credit Card</b> (VISA or MC) or <b>VISA Debit Card</b>
Results Letter sent by email (as an attachment)	<b>\$5</b>	_____
Original docs returned by courier (Intl)	<b>\$127</b>	<b>Card number</b> _____
Original docs returned by courier (Canada)	<b>\$42</b>	<b>CVD</b> _____ <b>Expiry Date</b> _____
<b>SUB-TOTAL (add above fees)</b>		_____
<b>+tax (ON, US &amp; Intl: 13%; PEI, NS, NB &amp; NL: 15%; Other Prov: 5%)</b>		<b>Card Holder Name</b> _____
<b>GRAND TOTAL:</b>		_____
		<b>Signature</b> _____

\*Cost subject to change without notice

**IMPORTANT NOTES:**

1. AN ASSESSMENT WILL NOT BE STARTED UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED. INCOMPLETE APPLICATIONS MAY RESULT IN A SIGNIFICANT DELAY IN BEGINNING THE ASSESSMENT. Once all documentation is received the assessment starts and is usually completed within 8-10 weeks. The assessment will take longer if the FDHRC needs to do additional research, verify documents or if additional information is required. Applicants are advised that the FDHRC does not guarantee completion within 8-10 weeks. Applicants should avoid taking action (e.g. jobs, move, etc) in anticipation of a positive result or a result within a specific time period.
2. If an applicant wishes to authorize a third party/agent to act on their behalf, a power of attorney will be required. Information, correspondence, and results will be given to the applicant OR to their agent. No information will be released over the phone.
3. Original documents will be returned ONLY if specified on the application accompanied by the applicable fee.
4. Assessment reports of individuals may differ depending upon the time period in which they were completed. This results from new and updated information being made available to us on a continuous basis as well as revisions to evaluation standards. Educational assessment decisions made by FDHRC are based on the most recent information available.
5. An applicant deemed eligible to write the NDHCE must submit the examination application form, prior to the deadline date of the selected examination and within three (3) years after a positive assessment for eligibility.

## CONSENT/WAIVER

### By applying for assessment and signing below the applicant:

1. Certifies that the supplied information is true and accurate to the best of their knowledge.
2. Realizes that this assessment is not binding on any institution or organization and releases the FDHRC from any liability for damages incurred due to the use of this assessment report.
3. Agrees to reimburse the FDHRC for any and all costs, including legal expenses, which it may incur as a result of any claim that they (or anyone having any interest in their earnings or services) may make, based upon the assessment determination and report.
4. Acknowledges that, if the FDHRC and its agents determine that ANY document(s) submitted with respect to an application is fraudulent, forged, altered or irregular, the assessment will be terminated, and the fee will NOT be refunded.
5. Releases the FDHRC from any liability for the loss or damage to documents submitted with respect to an application for an assessment of credentials.
6. Agrees that the fees, once paid, are non-refundable, except in the case of overpayment.
7. Allows the FDHRC to contact any relevant institutions for verification purposes and to request any additional information needed prior to completing the assessment.
8. Acknowledges that information and documents relative to an applicant may be disseminated to a network of education credential evaluation services, and applicant authorizes such dissemination.
9. Certifies that they have read and fully understands the above and agrees with the terms outlined.

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Signature of Applicant

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Date

**THE APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID SIGNATURE**

### MAIL TO:

FEDERATION OF DENTAL HYGIENE REGULATORS OF CANADA  
75-B Colonnade Road  
Ottawa, ON K2E 0A8  
Fax: 613-260-8155  
exam@fdhrc.ca