



<input type="checkbox"/> <b>Stream Two</b>	
<ul style="list-style-type: none"> <li>• Registrants who hold a general/specialty certificate of registration; and</li> <li>• Do not satisfy any of the criteria in <i>Stream One</i> and have:</li> </ul>	<b>Documents Required:</b>
<input type="checkbox"/> successfully completed a CDHO-sponsored/approved course that focuses on the ability to incorporate critical thinking, knowledge of pathophysiology, special-needs clients and interventions relating to medical emergencies.	A letter or certificate, sent directly from source, confirming the successful completion of the course.
<input type="checkbox"/> <b>Stream Three</b>	
<ul style="list-style-type: none"> <li>• Registrants who hold a general/specialty certificate of registration for less than two years and have:</li> </ul>	<b>Documents Required:</b>
<input type="checkbox"/> successfully completed the CDHO-sponsored/approved course as per <i>Stream Two</i> ; and <input type="checkbox"/> been mentored by a dental hygienist who is authorized for self-initiation, for a minimum period of six (6) months and/or until the mentoring dental hygienist certifies to the CDHO that you are fully capable of self-initiating under the new legislation.	<p>A letter or certificate, sent directly from source, confirming the successful completion of the course.</p> <p>A letter, sent directly from the mentor, certifying that you are fully capable of self-initiating under the amended legislation.</p>
<b>Registrant's Declaration</b>	
<p><b>I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief. I understand that making a false or misleading statement on this application could result in the rejection of the application or discipline measures up to and including revocation. I agree to notify the College in writing within 7 days of any change(s) to the information contained on this form, including personal data, employment status and professional registration and conduct information.</b></p>	
SIGNATURE	DATE