



**College Of Dental Hygienists Of Ontario
L'Ordre des hygiénistes dentaires de l'Ontario**

69 Bloor Street East, Suite 300 Toronto ON M4W 1A9
Phone: 416-961-6234 Toll Free: 1-800-268-2346 Fax: 416-961-6028

Application for Clinical Examination

This application form is valid for one (1) year from the date it was mailed

Fee required: \$ 350.00 CDN

Cheque or Money Order payable to CDHO by specified date.

For office use:

Application Received: _____

Date of Clinical Exam: _____

Location of Clinical Exam: _____

Results of Clinical Exam: Pass Fail

Contact Information

Surname: _____

Given names: _____

Home Address: _____

Street

City

Province

Postal Code

Telephone: _____

E-Mail: _____

Dental Hygiene Education

Name of College: _____

Graduation Date: _____

Required documentation:
(Tick ONE)

- Notarized copy of dental hygiene diploma – enclosed with this form
OR Form C & transcripts – submitted directly from your college of graduation

National Dental Hygiene Certificate Examination (NDHCE)

Required documentation: Notarized copy of NDHCB certificate – enclosed with this form

Professional Liability Insurance:

Insurance Company: _____ **Policy No.:** _____

Amount of Coverage: _____ **Expiration Date:** _____

Signature of Applicant

Date