



Professional Portfolio Forms

Section E

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PROFESSIONAL PORTFOLIO FORMS

The Professional Portfolio consists of the following forms:

Professional Portfolio Review Form

Form 1: Personal Data

Form 2: Education Profile

Form 3.a: Employment Profile – Current Practice(s)

Form 3.b: Employment Profile – Previous Practice(s)

Form 4.a: A Typical Day in My Dental Hygiene Practice

Form 4.b: A Typical Day in My Dental Hygiene Practice (Orthodontic)

Form 4.c: A Typical Day in My Dental Hygiene Practice (Educator)

Form 5: Professional Reading

Form 6: Continuing Quality Improvement (CQI) Activity Plan

Form 7: Continuing Quality Improvement (CQI) Activities Evaluation

Form 8: Additional Continuing Quality Improvement (CQI) Activities (Optional)

Form 9: Professional Recognition

- Since your portfolio is an on-going document, you will require more forms than what is provided here.
- **Please maintain at least one (1) clean copy of each section form so that you can duplicate it as you require additional pages.**
- You will be advised of the submission process in the Assessment Selection letter at the time of the assessment process.

Maintaining your Professional Portfolio forms on the computer:

- The entire Quality Assurance package, including the Professional Portfolio Forms, is now available on our website (www.cdho.org) for downloading onto your computer.
- **To be able to maintain your Professional Portfolio on your computer, you need a word processing application – (Microsoft Word, WordPad, etc.)**

For additional copies of a form:

- Click anywhere on the form you need to duplicate.
- A small box with a + sign will appear on the top left corner of the title.
 1. Left click on that box.
 2. Right click on your mouse and select 'Copy'.
- On the form you need to duplicate, left click underneath the box so the cursor is blinking below the box.
- Go to Insert at the top of the screen and click Page Break. A new blank page should show up below the form you need to duplicate.
- Place your cursor on the new blank page, right click on your mouse and select Paste. You should have an additional form.

NOTE: If your information does not fit in the box provided, do not continue to write in the box until it expands. Please create an additional copy of the form with the instructions above.

Please contact the College if you have any questions: 416-961-6234 or 1-800 268-2346 ext. 241 or by email at qualityassurance@cdho.org

Professional Portfolio Review Form

This form is to be included with the submission of your professional portfolio to the College of Dental Hygienists of Ontario. Please place a checkmark and the number of pages for each type of form. Please read the declaration and sign and date the Professional Portfolio Review Form.

| Form # | Form | Forms Included | Number of pages |
|--------|---|--------------------------|-----------------|
| 1. | Personal Data | <input type="checkbox"/> | |
| 2. | Education Profile | <input type="checkbox"/> | |
| 3.a. | Employment Profile – Current Practice(s) | <input type="checkbox"/> | |
| 3.b. | Employment Profile – Previous Practice(s) | <input type="checkbox"/> | |
| 4.a. | A Typical Day in My Dental Hygiene Practice | <input type="checkbox"/> | |
| 4.b. | A Typical Day in My Dental Hygiene Practice (Orthodontic) | <input type="checkbox"/> | |
| 4.c. | A Typical Day in My Dental Hygiene Practice (Educator) | <input type="checkbox"/> | |
| | A Typical Day – other | <input type="checkbox"/> | |
| | Day Sheet – optional | <input type="checkbox"/> | |
| 5. | Professional Reading | <input type="checkbox"/> | |
| 6. | Continuing Quality Improvement (CQI) Activity Plan | <input type="checkbox"/> | |
| 7. | Continuing Quality Improvement (CQI) Activities Evaluation | <input type="checkbox"/> | |
| 8. | Additional Continuing Quality Improvement (CQI) Activities (Optional) | <input type="checkbox"/> | |
| 9. | Professional Recognition | <input type="checkbox"/> | |

Total number of pages submitted: _____

I declare that the information in my professional portfolio is an accurate reflection of my practice and of my Continuing Quality Improvement (CQI) Activities. I understand that making false or misleading statements in my professional portfolio is considered professional misconduct and could be subject to disciplinary actions. (Please consult CDHO's Professional Misconduct Regulations).

Registrant's Name: (print) _____

CDHO Registration Number: (6 digits) _____

Date of Submission: (mm/dd/yyyy) _____

Registrant's Signature: _____

1. Personal Data

| | |
|--|--|
| <p>Home Address</p> <p>Phone Number E-mail Fax Number</p> | |
| <p>Business Address (Primary)</p> <p>Phone Number E-mail Fax Number</p> | |
| <p>Business Address (Secondary)</p> <p>Phone Number E-mail Fax Number</p> | |
| <p>Business Address (Other)</p> <p>Phone Number E-mail Fax Number</p> | |
| <p>Preferred Language</p> | <p><input type="checkbox"/> English <input type="checkbox"/> Français</p> |

2. Education Profile

Beginning with high school, please list all of your post-secondary formal educational achievements. For information on content for this section, please consult the Professional Portfolio Guide.

| Start Date <i>(mm/yyyy)</i> | Name of Institution | Course/Program | Completion Date <i>(mm/yyyy)</i> | Credential Received |
|---------------------------------------|----------------------------|-----------------------|--|----------------------------|
| | | | | |
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3.a. Employment Profile – Current Practice(s)

Please record your current dental hygiene practice(s). For every practice listed on this form, a Form 4 – Typical Day is required.

Total number of days worked per week: _____

| Start Date (mm/yyyy) | Business Name and Address | Job Description/ Terms of Employment | # of Days per Week | Type of Practice | Written Policies in Place |
|-------------------------|---------------------------|--------------------------------------|--------------------|---|---|
| | | | | <input type="checkbox"/> Independent D.H. <input type="checkbox"/> General dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Restorative <input type="checkbox"/> Periodontal <input type="checkbox"/> Public Health <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Health & Safety <input type="checkbox"/> Infection Control <input type="checkbox"/> Emergency Protocol <input type="checkbox"/> Privacy <input type="checkbox"/> Other: _____ |
| | | | | <input type="checkbox"/> Independent D.H. <input type="checkbox"/> General dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Restorative <input type="checkbox"/> Periodontal <input type="checkbox"/> Public Health <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Health & Safety <input type="checkbox"/> Infection Control <input type="checkbox"/> Emergency Protocol <input type="checkbox"/> Privacy <input type="checkbox"/> Other: _____ |
| | | | | <input type="checkbox"/> Independent D.H. <input type="checkbox"/> General dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Restorative <input type="checkbox"/> Periodontal <input type="checkbox"/> Public Health <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Health & Safety <input type="checkbox"/> Infection Control <input type="checkbox"/> Emergency Protocol <input type="checkbox"/> Privacy <input type="checkbox"/> Other: _____ |

3.b. Employment Profile – Previous Practice(s)

| Please record your previous dental hygiene practice(s). | | | |
|---|-------------------------------------|--------------------------------------|---|
| Start Date <i>(mm/yyyy)</i> | End Date <i>(mm/yyyy)</i> | Business Name and Address | Job Description/ Terms of Employment |
| | | | |
| | | | |
| | | | |

4.a. A Typical Day In My Dental Hygiene Practice

Please complete a description of your activities in a typical day. If you are employed in a non-clinical setting, please describe a typical week. Please do not use insurance codes in your description. For content information, you may find the following documents useful: CDHO Records Regulation, *CDHO Dental Hygiene Standards of Practice*, CDHO Code of Ethics and the Professional Portfolio Guide.

Address of Practice: _____

| Time Allowed for Client | Client Age Group or Type | Dental Hygiene Services Provided to Include – Assessment, Planning, Implementation and Evaluation | Infection Control Protocols | Record-Keeping Procedures |
|-------------------------|--------------------------|---|-----------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

4.b. A Typical Day In My Dental Hygiene Practice (Orthodontic)

Please complete a description of your activities in a typical day in an orthodontic practice. Please do not use insurance codes in your description. For content information, you may find the following documents useful: CDHO Records Regulation, *CDHO Dental Hygiene Standards of Practice*, CDHO Code of Ethics and the Professional Portfolio Guide.

Address of Practice: _____

| # of Clients per Day | Orthodontic/Dental Hygiene Services Provided | Infection Control Protocols | Record-Keeping Procedures |
|----------------------|--|-----------------------------|---------------------------|
| | | | |
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| | | | |

4.c. A Typical Day In My Dental Hygiene Practice (Educator)

Please complete a description of your activities as a dental hygiene educator. If you teach at multiple schools, please complete a separate Form 4c for each. Use this form to demonstrate your teaching practice, educator process of care, professional development and responsibilities as a regulated health professional. For content information, refer to the Professional Portfolio Guide.

Name of Educational Institution: _____

Position held: _____ Full time Part-time Hours employed per week: _____

a) Description of Responsibilities

b) Personal Teaching Philosophy in relation to my institution's mission statement:

c) Examples of teaching/learning strategies that I implement in my environment:

d) Examples of strategies I use to address the learning styles of students:

4.c. A Typical Day In My Dental Hygiene Practice (Educator)

| |
|---|
| e) Examples of how I address diversity in the educational environment: |
| f) Types of student-centered strategies I use to enhance learning: |
| g) Materials/activities I use to support student reflection on their learning: |
| h) Evidence of teaching effectiveness: [(a) methods used to evaluate student performance, course and program effectiveness and (b) methods used for self-evaluation and reflection] |
| i) Professional Awards, Publications, Research, Presentations, and Positions: |

5. Professional Reading

| Publication | # Issues per Year | Skim | Selected Articles | Cover to Cover |
|--|-------------------|------|-------------------|----------------|
| <i>Milestones</i> | | | | |
| <i>Focus</i> | | | | |
| <i>Canadian Journal of Dental Hygiene</i> | | | | |
| <i>RDH</i> | | | | |
| <i>JADA (Journal of the American Dental Association)</i> | | | | |
| <i>JDH (Journal of Dental Hygiene)</i> | | | | |
| <i>Ontario Dentist</i> | | | | |
| <i>Journal of the Canadian Dental Association</i> | | | | |
| <i>Oral Health</i> | | | | |
| <i>Oral Care Report</i> | | | | |
| Newsletters (e.g., component society newsletters): <i>(List)</i> | | | | |
| Textbooks: <i>(List)</i> | | | | |
| Self Study: <i>(List)</i> | | | | |
| Audiotape/Videotape Programs: <i>(List)</i> | | | | |
| Other: <i>(List)</i> | | | | |

6. Continuing Quality Improvement (CQI) Activity Plan for the Year 20__

| Total Number of Learning Goals: _____ * Every learning goal listed on Form 6 requires a completed Form 7 | | | |
|--|--|---|--|
| Goal # | I am Planning to Improve my Dental Hygiene Practice by ... | Type(s) of Continuing Quality Improvement Activities I Plan to Use to Achieve this Goal: <i>(check all that apply)</i> | Did these CQI Activities Address my Learning Goals? |
| | | <input type="checkbox"/> Continuing Education <input type="checkbox"/> Self-Study <input type="checkbox"/> Professional Journals/ Articles <input type="checkbox"/> Professional Activities <input type="checkbox"/> Interaction with Peers <input type="checkbox"/> Other: (Specify) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Continuing Education <input type="checkbox"/> Self-Study <input type="checkbox"/> Professional Journals/ Articles <input type="checkbox"/> Professional Activities <input type="checkbox"/> Interaction with Peers <input type="checkbox"/> Other: (Specify) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Continuing Education <input type="checkbox"/> Self-Study <input type="checkbox"/> Professional Journals/ Articles <input type="checkbox"/> Professional Activities <input type="checkbox"/> Interaction with Peers <input type="checkbox"/> Other: (Specify) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Continuing Quality Improvement (CQI) Activities Evaluation

Goal: _____

| <i>* If CQI Activities are self-initiated, please provide a bibliography of all readings/videos/websites</i> | | | | |
|--|--|------------------------------------|-------------------------|-----------------|
| Date <i>(mm/yyyy)</i> | * CQI Activity – Course Title/Project <i>– list all CQI Activities pertaining to this goal</i> | Presenter or Resources Used | Type of Activity | # of Hrs |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Information/Skills Gained: <i>(What have you learned while completing this goal?)</i> | | | | |
| <p>Did you make changes to your practice because of your learning? How did/will your learning make things better for your clients and/or practice? Explain.</p> | | | | |

9. Professional Recognition

| In this section, please record your membership or affiliation with professional associations. | | |
|---|---------------------|----------------------|
| Professional Memberships | Level of Membership | Years of Involvement |
| Component Dental Hygienists Society (Societies) | | |
| Provincial Dental Hygienists' Association(s) | | |
| National Dental Hygienists' Association(s) | | |
| International Federation of Dental Hygiene | | |
| Study Club(s) – Please List: | | |
| Educators' Groups – Please List: | | |
| Community Health Groups – Please List: | | |
| Other – Please List: | | |
| CPR Expiry Date: _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Year </div> | | |

| |
|---|
| Professional Positions, Presentations, Publications, and Research: |
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