



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

69 Bloor St E, Suite 300, Toronto, ON M4W 1A9

t: 416-961-6234 ■ ff: 1-800-268-2346 ■ f: 416-961-6028 ■ www.cdho.org

Self-Initiation Package



Application for Authorization – Self-Initiation (effective August 1, 2013)

Please refer to the **Standard for Authorization to Self-Initiate Profession-Specific Acts** included in this package before completing this application.

Please print in block letters and/or check the appropriate box.

Name: CDHO Registration No.:.....

Self-Initiation Streams (Please select the Stream option that you are applying under.)

Stream One

Registrants who hold a General/Specialty certificate of registration with the CDHO and meet ONE of the following criteria options:

Supporting Documents:
(to be submitted with application)

Option a) I have practised clinically under a “standing order/protocol” in Ontario for at least two (2) years (minimum 3200 hours) immediately preceding this application; AND I can provide a copy of a “standing order/protocol” that authorizes me to perform the controlled act of “scaling teeth and root planning, including curetting surrounding tissue”.
Written statement not accepted in lieu of “standing order/protocol.”

Declaration of clinical practice for at least two (2) years; AND
 Copy of “standing order/protocol” for previous two (2) years (3200-hour equivalent)

Option b) I have practised clinically for at least two (2) years (minimum 3200 hours); AND
I have completed a CDHO-approved clinical refresher course OR the CDHA Self-Initiation course during the 24 months immediately preceding this application.

Declaration of clinical practice for at least two (2) years; AND
 Proof of successful completion of a CDHO-approved clinical refresher course OR the CDHA Self-Initiation course

Option c) I have practised clinically in Alberta or British Columbia for at least two (2) years (minimum 3200 hours) immediately preceding this application.

Declaration of clinical practice for at least two (2) years; AND
 Certificate of Professional Conduct (Form B) OR Letter of Standing, to be sent directly from the CRDHA or the CDHBC

Option d) I have practised clinically in Nova Scotia and I was authorized by the CDHNS to self-initiate during that time.

Proof of authorization to self-initiate in Nova Scotia to be sent directly from the CDHNS; AND
 Certificate of Professional Conduct (Form B) OR Letter of Standing to be sent directly from the CDHNS

I have completed the requirements of **Stream Two**

I have completed the requirements of **Stream Three**

Proof of successful completion of Mentorship Program (Mentor’s Declaration)

FOR OFFICE USE ONLY

Date application received:

Date self-initiation approval was issued:

With condition

Stream Two / Conditional Authorization

Registrants who hold a General/Specialty certificate of registration with the CDHO, who do not satisfy any of the criteria in **Stream One**, and meet ALL of the following criteria:

Supporting Documents:
(to be submitted with application)

- I graduated from an accredited or non-accredited Dental Hygiene program before January 1, 2013, or non-accredited program after January 1, 2013; AND
- I completed a CDHO-approved clinical refresher course OR the CDHA Self-Initiation course within the 24 months preceding this application; AND
- I have entered into a mentorship contract with a CDHO peer mentor.

- Proof of successful completion of a CDHO approved clinical refresher course OR the CDHA Self-Initiation course; AND
- Copy of mentorship contract

Note: This conditional authorization is for a minimum of six (6) months to a maximum of twelve (12) months, and can be renewed. Once the mentorship period has been completed, the registrant can apply under Stream One.

Stream Three / Conditional Authorization

Registrants who hold a General/Specialty certificate of registration with the CDHO, who do not satisfy any of the criteria in **Stream One or Two**, and meet ALL of the following criteria:

Supporting Documents:
(to be submitted with application)

- I graduated from an accredited Dental Hygiene program after January 1, 2013; AND
- I have entered into a mentorship contract with a CDHO peer mentor.

- Copy of mentorship contract

Note: This conditional authorization is for a minimum of six (6) months to a maximum of twelve (12) months, and can be renewed. Once the mentorship period has been completed, the registrant can apply under Stream One.

- I have reviewed the [**Standard for Authorization to Self-Initiate Profession-Specific Acts**](#) included in this package.

I am applying for authorization to self-initiate under the following:

- Stream One** — Please see payment instructions below
- Stream Two / Conditional Authorization** (*fee waived*) **Stream Three / Conditional Authorization** (*fee waived*)

Payment Instructions: STREAM ONE (CDN \$75.00—Processing Fee)

Offline Payment:

Amount: CAN \$75.00 **Payment Type:** Certified Cheque Money order

Online Payment:

An email with payment instructions will be sent to you once your application has been approved.

Registrant's Declaration

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 is considered professional misconduct and could be subject to disciplinary action. I have enclosed or made arrangements to have supporting documentation sent directly to the CDHO.

Signature

Date