College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario
*Protecting your health and your smile / Nous protégeons votre santé et votre sourire*

**www.cdho.org**

# FORM B
## Certificate of Professional Conduct

**Section 2 of this form must be completed by the regulatory/licensing body in any jurisdiction in which you have been registered as a dental hygienist or any other regulated profession.**

## SECTION 1

.....
Surname Given Names Former Name(s)

Regulatory/Licensing Body: .....

Regulatory Body Address: .....
Street City

.....
Province Postal Code Country

I authorize ..... to provide the information requested below and any
Name of Regulatory/Licensing Body
additional information requested by the College of Dental Hygienists of Ontario in order to process my application.

..... .....
Applicant's Signature Date (M/D/Y)

## SECTION 2

To be completed by the Regulatory/Licensing Body and forwarded directly to:

**The College of Dental Hygienists of Ontario**
175 Bloor Street East, North Tower, Suite 601
Toronto, Ontario, Canada M4W 3R8

..... .....
Name of Applicant Certificate of Registration/Licence Number

..... ..... .....
Date of Registration (M/D/Y) Date of Expiry (M/D/Y) Category of Registration

| | | |
|---|---|---|
| Has the applicant ever had a finding in the nature of professional misconduct, incompetence or incapacity, or a like finding made against her or him? | Yes ◯ | No ◯ |
| Is the applicant currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetence or incapacity or any like investigation or proceeding? | Yes ◯ | No ◯ |

*If the answer to either question is "Yes", please provide an explanation.*

I, ..... , the Registrar/Secretary acting on behalf of the ..... ,
Name of Registrar/Secretary Name of Regulatory/Licensing Body

do hereby certify that the foregoing statements are true statements of the

registration record for ..... .
Name of Applicant

SEAL OF BOARD

..... .....
Signature Date (M/D/Y)