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 C

Certificate of Dean or Principal of College/University Granting Diploma/ Degree in Dental Hygiene

Section 2 of this form must be completed by the Principal of the College/University in which you obtained your diploma in dental hygiene.

SECTION 1

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

College/University of Graduation: .....

College/University Address: .....
Street City

.....
Province Postal Code Country

I authorize ..... to provide the information requested below and any
College/University of Graduation

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 College/University of Graduation and forwarded along with an official transcript of results directly to:

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

....
Name of Graduate Name of Program Completed

....
Date of Admission (M/D/Y) Date of Graduation (M/D/Y)

Was the dental hygiene program accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation at the time of the applicant's graduation? Yes ◯ No ◯

SEAL OF COLLEGE

....
Signature of Dean or Principal Date (M/D/Y)