



Application for Approval – Self-Initiation

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

Name: CDHO Registration No.:

Fee of \$75.00 CDN is enclosed (*please select method of payment below*)

Visa MasterCard

Cheque Money order

Card No. Expiry date

Cardholder name

(as it appears on the card)

(Payable to the CDHO in Canadian funds.
Please ensure that you record your registration number
on the cheque or money order.)

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

Stream One

Stream Two

Stream Three

I have enclosed the required documentation **or**

I have enclosed a letter explaining why the required documentation is unavailable.

Self-Initiation Streams – Select the Stream that you are applying under:

Stream One

Registrants who hold a general/specialty certificate of registration and can provide evidence of self-initiating the controlled act under a 'standing order' or 'protocol' under one or more of the following criteria:

Documents Required:

in long-term care homes, hospitals, public health or residential facilities over at least the previous two (2) years, full-time or equivalent.

Copy of your contract or standing order

in an independent or multidisciplinary practice (i.e. a practice with no dentist involvement, except on or by referral) over at least the previous two (2) years, full-time or equivalent.

Copy of your contract or standing order

in British Columbia or Alberta or Nova Scotia over at least the previous two (2) years.

Letter of Good Standing/
Certificate of Professional
Conduct

You can provide evidence of teaching within an accredited dental hygiene education program in which self-initiation has been taught and you have been actively engaged in teaching self-initiation for the previous two (2) years, full-time or equivalent.

A letter from your Employer
or copy of standing order

You have a baccalaureate-level degree in dental hygiene or the equivalent.

Copy of your Degree

You can provide evidence of continuous clinical practice in a general or periodontal practice in Ontario under a 'standing order' or 'protocol' for at least two (2) years, full-time or equivalent.

Copy of standing order

FOR OFFICE USE ONLY:

Date application received

Date self-initiation approval issued

Stream Two

| | |
|---|--|
| <p>Registrants who hold a general/specialty certificate of registration who have been in practice for (2) years but who do not satisfy any of the criteria in Stream One and have:</p> | <p>Documents Required:</p> |
| <p><input type="radio"/> successfully completed a CDHO-sponsored/approved course that focuses on the ability to incorporate critical thinking, knowledge of pathophysiology, special-needs clients and interventions relating to medical emergencies.</p> | <p>A letter or certificate confirming the successful completion of the course.</p> |

Stream Three

| | |
|--|--|
| <p>Registrants who hold a general/specialty certificate of registration for less than two (2) years and have:</p> | <p>Documents Required:</p> |
| <p><input type="radio"/> successfully completed the CDHO-sponsored/approved course as per Stream Two; and</p> <p><input type="radio"/> been mentored by a dental hygienist who is authorized for self-initiation, for a minimum period of six (6) months and/or until the mentoring dental hygienist certifies to the CDHO that you are fully capable of self-initiating under the new legislation.</p> | <p>A letter or certificate confirming the successful completion of the course.</p> <p>A letter, sent directly from the mentor, certifying that you are fully capable of self-initiating under the amended legislation.</p> |

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 could result in the rejection of the application or discipline measures up to and including revocation. I agree to notify the College in writing within 7 days of any change(s) to the information contained on this form, including personal data, employment status and professional registration and conduct information.

| | |
|------------------|-------------|
| <p>Signature</p> | <p>Date</p> |
|------------------|-------------|