



PERSONAL INFORMATION

Last (Family) Name _____
First Name: _____
Middle Name: _____
Permanent Address _____

Postal Code _____
Daytime Telephone _____
Evening Telephone (_____
Mailing Address (if different from permanent address)

Postal Code _____
E-mail _____
Birth Date _____
Social Insurance Number _____
Emergency Contact
Name _____
Address _____

Postal Code _____
Alternate Telephone Number _____
Home Telephone Number _____
E-mail _____

DENTAL HYGIENE EDUCATION

First Year of Registration with Regulator _____
School/Institution _____
Address _____
Postal Code: _____
Province _____
Highest Educational Level Completed _____

Year Entered _____ Year Completed _____
Registered in Good Standing with Provincial Dental Hygiene Regulator (YES) / (NO)

I hereby certify that all statements made on this form are correct and complete. I understand that any misrepresentation of information may result in the cancellation of my admission or registration. Upon successful completion of the Restorative Dental Hygiene Program, the graduate must contact the Dental Hygiene regulator to become registered as a Restorative Dental Hygienist.

Signature of Applicant _____
Date _____