**Appendix B – Document Release Form**

**for Equivalency Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** – PLEASE COMPLETE THIS SECTION | | | | | | | | | | |
| Name of applicant: | |  | | | | | | | | |
|  | | Full Legal Name | | | | | | |  | |
| Student ID Number: | | |  | | Date of Birth: |  | | Month/Yr of graduation: | |  |
| *I hereby allow the official representative from my dental hygiene institution named on page 3 of this document to be the liaison and be responsible to provide to the Federation of Dental Hygiene Regulators of Canada (FDHRC) all pertinent supporting documentation that will be needed for me to complete my application file in order to have my educational credentials and qualifications in dental hygiene assessed by the FDHRC.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Date: |  | | | | | |  | |  | |
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**Instructions to the School for Completing and Submitting the Information and Documents**

The former student named above has applied to the Federation of Dental Hygiene Regulators of Canada (FDHRC) for an equivalency assessment. The FDHRC assesses the educational credentials and qualifications of dental hygienists educated in a dental hygiene program non-accredited by the Commission on Dental Accreditation of Canada (CDAC) or otherwise recognized by a reciprocal recognition agreement, in order to determine if they meet the published Canadian dental hygiene standards and if they do, they will become eligible to write the National Dental Hygiene Certification Board Examination (NDHCE).

In order to help complete the candidate’s assessment, please provide the information asked for in this Appendix B at your earliest convenience. Your institution’s Registrar, Dean, Program Director or Principal may complete the Document Release Form. **The institution must send this form and all pertinent documentation directly to the FDHRC office, and not to the former student/candidate.** We will not accept this form or any supporting documents if it does not come directly from your institution.

This document is prepared for a variety of teaching institutions around the world including North America. Some questions or terms used within this document may not have the same meaning outside of North America (e.g., modules, problem-solving based education, etc...). If you are having difficulty understanding any of the terms or questions in this document, please contact us at [exam@fdhrc.ca](mailto:exam@fdhrc.ca) for clarifications.

**DOCUMENTS TO SEND WITH THE COMPLETED DOCUMENT REQUEST FORM**

Along with this form, including this page, please send us documents that contain the following information about your former student’s dental hygiene education:

* A program catalogue, if available.
* **Official** academic records (transcripts or mark sheets or statement of marks, etc...) issued by the teaching institution.
* The grading scale relevant to the student’s time of study.
* The weighting factors (number of hours for each course/semester/year).
* Entire program syllabus **from the time of study of the student** (could be called course outlines, course descriptions, course descriptors, etc...) including a course description, detailed objectives and learning outcomes/competencies taught in each course, including the methods of evaluation.
* The number of classroom/theory, laboratory, preclinical and clinical credits or hours, and the passing grades or marks earned for each completed courses.
* Report cards on supervised clinical practice rotations and direct client care activities, including the number of hours, the areas practiced and a detailed description of the supervised clinical practice.

**NOTE**: Please provide all supporting documents in the language of instruction.

If the language of instruction is not English or French and your institution does have a **word for word** translation of all supporting documents in either English or French, the FDHRC will accept both documents as long as you authenticate that the translation is valid and true.

If you do not have a word for word translation of all supporting documents, it will be the responsibility of the applicant to have the original documents translated after the FDHRC have received the original documents from your institution.

**The dental hygiene educational institution must complete this section.**

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| THIS FORM IS COMPLETED BY: | | REGISTRAR | PROGRAM DEAN | | | | PRINCIPAL | | PROGRAM DIRECTOR |
| Name: |  | | | | | | |
|  | Please print | | | | | | |
| Email: |  | | | | | | |
| Signature: |  | | |  | Date: |  | |

School Seal/Stamp

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| Full Name of Student: | | |  | | | | | | | | | | | | | | | | Date of Birth: | | |  |  |  |
|  | | |  | | | | | | | | | | | | | | | |  | | | day | month | year |
| Name of the dental hygiene (DH) institution: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Name of School (*if different from above*): | | | | | | |  | | | | | | | | | | | | | | | | | |
| Address of the DH institution: | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Telephone: |  | | | | | | | | | Web Page: | | | | |  | | | | | | | | | |
| Name of degree, diploma or certificate awarded: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Language of instruction: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Minimum academic entrance requirement for the program: | | | | | | | | | | | | | | | |  | | | | | | | | |
| Student’s mode of entry if different from above: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Number of credits transferred from previous education (if applicable): | | | | | | | | | | | | | | | | |  | | | | | | | |
| Student  Admission date: | |  | | | | | | | | | | | | Student  Completion date: | | | |  | | | | | | |
| Length of DH program: Number of years | | | | | | | | |  | | | Number of Semesters |  | | | | | | | Total Number of hours | | | |  |
| How many weeks in one semester | | | | | |  | | | | | | | | | | How many hours in 1 credit | | | | |  | | | |

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| How many practical hours in 1 credit? | | | |  | | | | | | | | |
|  | | | | |  | | | | | | | |
| This type of DH program is: | | Modular | | | Problem-based | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Date the student fulfilled all educational and clinical requirements for the DH program: | | | | | | | | |  | | | |
| Date DH degree/diploma/certificate was awarded: | | | | | |  | | | | | | |
| Is there a designated authority that is legally entitled to accredit your institution? Please indicate its full name | | | | | | | | | | | | |
| Ministry/Department of Education | | | Ministry/Department of Health | | | | | Other (Specify): | | |  | |
|  |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Can the student work as a dental hygienist after s/he successfully completes your program? | | | | | | | | | | YES | | NO |
| What are the requirements for a student to be able to work as a dental hygienist after successfully completing your program?  *For example, are there other requirements that the student must fulfill before they are eligible to work as a dental hygienist (e.g., national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities) in your country.* ***Please provide as much information as possible.*** | | | | | | | | | | | | |
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|  | Was Independent/Autonomous Practice/Primary Care Provider training included in the curriculum? | YES | NO |
|  | If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | |
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|  | How does your program define Independent/Autonomous Practice? | | |
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|  | Are dental hygiene students taught how to make a dental hygiene diagnosis? | YES | NO |
|  | | | |
|  | Are your graduates allowed to make a dental hygiene diagnosis? | YES | NO |
|  | | | |
|  | Can your graduates develop a treatment plan independent of a dentist’s direction/supervision? | YES | NO |
|  | | | |
|  | Were Evidence-Based Practice principles included in the curriculum? | YES | NO |
|  | If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | |
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|  | How does your program define Evidence-Based Practice? | | |
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|  | Was Scientific Inquiry/Research included in the curriculum? | YES | NO |
|  | If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | |
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|  | How does your program define Scientific Inquiry? | | |
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|  | Were Professional Conduct (Jurisprudence) and Ethics included in the curriculum? | | | | | YES | NO | | |
|  | If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | | | | | | | | |
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|  | How do you define the Dental Hygiene Practice Model taught in your curriculum? | | | | | | | | | |
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|  |  | | | | | | | | | |
|  | Write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | | | | | | | | |
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|  | Were Ergonomic principles taught and evaluated in the curriculum? | | | | | YES | NO | |
|  | If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student’s transcript and the content areas covered in the course(s): | | | | | | |
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|  |  | | | | | | |
|  | Total number of hours of faculty supervised clinical hours in dental hygiene: | | |  | | | |
|  | Breakdown of the hours of supervised clinical practice in dental hygiene in the following environment: | | | | | | |
|  | Direct client care in a clinical setting: |  | Health Education: | |  | | |
|  | Health Promotion/Community Public Health: |  | Other hours: | |  | | |
|  | Please describe the area of practice: | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |

Send this form (including the first page with the area completed by the student), along with all supporting documentation **directly to our office** (*and NOT through the student*). Please send to:

Federation of Dental Hygiene Regulators of Canada

75-B Colonnade Road

Ottawa, ONTARIO, Canada K2E 0A8

Tel: 613.260.8156 Fax: 613.260.8511

Email: [exam@fdhrc.ca](mailto:exam@fdhrc.ca) Website: [www.fdhrc.ca](http://www.fdhrc.ca)