

APPLICATION FOR ISSUANCE OF A PERMIT AND REGISTRATION ON THE OHDQ MEMBERS' ROLL (2021-2022)

This form is intended to candidates applying for the issuance of a permit to practice and registration on the OHDQ Members' roll, while **holding a legal authorization to practise as a dental hygienist in another province or territory of Canada.**

Permit on permit

APPLICATION FOR ISSUANCE OF A PERMIT

PERSONAL INFORMATION

Mrs Mr

Last name (at birth)

First name

First language

Second language

Address

Street

Apartment

City

Province / Country

Postal Code

Telephone (residence)

Telephone (cellphone)

Y Y Y | Y Y Y | M M D D
Date of birth

E-mail address (mandatory*)

*Article 60 of the Professional Code edicts that all members of a professional order must provide an e-mail address established in their name. Make sure to send or receive your e-mails in a secure environment and to be the only person to have access to your mailbox. The OHDQ may use this specific email address to share confidential information with you.

ANY CHANGE MUST BE NOTIFIED TO THE OHDQ WITHIN 30 DAYS

DIPLOMA - DENTAL HYGIENE PROGRAM

Name of the educational institution

Year of graduation

You must attach the following documents to your duly completed form:

- ✓ Copy of your dental hygiene diploma
- ✓ Copy of your official transcript for your dental hygiene program

RESTORATIVE DENTISTRY

Did your dental hygiene program include at least forty-five (45) hours of theory and thirty (30) hours of practical training in restorative dentistry?

Yes No

If your answer to the previous question was "No", you will have to refrain from all professional activities related to restorative dentistry when you practise in Québec, in application of the *Code of ethics of members of the Ordre des hygiénistes dentaires du Québec*.

APPROPRIATE KNOWLEDGE OF THE FRENCH LANGUAGE

Under the *Charter of the French language*, professional orders shall not issue permits to people whose knowledge of French is not appropriate to the practise of their profession. Therefore, unless one of the following criteria apply to your situation, you will need to obtain an attestation of knowledge of French from the Office québécois de la langue française (OQLF):

- I have received no less than 3 years of full-time secondary or post-secondary instruction provided in French
- I have passed the 4th or 5th year secondary level examinations in French as the first language
- I have obtained, starting from the 1985-86 school year, a secondary school diploma in Québec
- None of the above (You will therefore need to obtain an attestation delivered by the OQLF)

✓ NB: in any case, you must attach a copy of the appropriate supporting document.

MANDATORY DECLARATIONS (You must answer all of the following questions)

DISCIPLINARY DECISIONS

Have you ever been subject of a disciplinary decision rendered by a professional order in Quebec or by a professional organization (or other competent authority) outside Quebec imposing a penalty?

Yes No

CRIMINAL INFRACTIONS

Have you ever been the subject of a decision rendered by a Canadian court or a foreign court finding you guilty of a criminal offence?

Yes No

PENAL INFRACTIONS

Have you ever been subject of a decision rendered in Quebec finding you guilty of an offence under Article 188 of the *Professional Code* or an offence under the provision of an Act of Quebec or a federal Act identified in the OHDQ's Code of ethics?

Illegal use of a professional title (other than dental hygienist) Yes No

Illegal practise of a profession (other than dental hygienist) Yes No

PROCEEDING FOR AN OFFENCE PUNISHABLE BY A TERM OF IMPRISONMENT OF FIVE YEARS OR MORE

Are you subject of a proceeding for an offence punishable by a term of imprisonment of five years or more?

Yes No

APPLICATION FOR REGISTRATION ON THE OHDQ MEMBERS' ROLL

PROFESSIONAL DOMICILE

Pursuant to Article 60 of the *Professional Code*, you must elect domicile by informing the Secretary of the OHDQ of the place where you principally practise your profession, within thirty (30) days after you begin to practise. If you do not practise, your professional domicile shall be your personal residence or your principal place of employment, to your choosing.

Will you practise the dental hygiene profession as soon as you are entered on the Member's Roll?

- Yes, I will practise as a dental hygienist as soon as I am entered on the Member's Roll.
Therefore, my professional domicile is at my principal place of practise
- No, I will not practise as a dental hygienist as soon as I am entered on the Member's Roll.
Therefore, I chose to elect my professional domicile at the following location:
- Personal residence Principal place of employment: _____
(if you chose place of employment, please provide name, address & phone number)

PLACES OF PRACTISE (if you answered yes to the previous question)

Under Article 60 of the *Professional Code*, you must inform the OHDQ Secretary of **all** places where you practise your profession. If you already know the places where you will practice your profession, you must complete the following section. **Otherwise, you must inform the Ordre within 30 days after you begin to practise.**

- **PRINCIPAL PLACE OF PRACTISE** (There can only be one principal place of practise)

Name of the place	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Effective date									
Address	Street	Unit / Suite							
City	Province/Country	Postal code							
Telephone (office)	Fax	A- Status B- Category							

Legend

A) STATUS	B) CATEGORY			
TC = Full time	CM = Parental leave	01 – Local community service center	04 – Generalist office / clinic	07 – Self-employed
TP = Part time	MAL = Sick leave	02 – Hospital	05 – Teaching	08 – Employment agency
OC = Occasional		03 – Specialist office / clinic	06 – Commercial company	09 – Other (specify)

- **OTHER PLACE OF PRACTISE**

Name of the place	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Effective date									
Address	Street	Unit / Suite							
City	Province/Country	Postal code							
Telephone (office)	Fax	A- Status B- Category							

ANY CHANGE MUST BE NOTIFIED TO THE OHDQ WITHIN 30 DAYS

PROTECTION OF PERSONAL INFORMATION

In terms of protection of personal information, the OHDQ is subject to the provisions of the *Professional Code* (RSQ, c. C-26), of the Civil Code of Quebec, of the Act respecting Access to documents held by public bodies and Protection of personal information (RSQ, c. A-2.1) and the Act respecting the protection of personal information in the private sector (RSQ, c. P-39.1). A nominative list is a list of names, telephone numbers, and geographic addresses relating to natural persons or electronic addresses. The policy of the OHDQ with regards to these lists is very restrictive.

CONSENT TO BE ON THE NOMINATIVE LIST OF THE OHDQ

I consent to receiving samples, training opportunities and communication by mail from the OHDQ's business partners.

I consent I do not consent

PRIOR CONSENT TO THE TRANSMISSION OF A COMMERCIAL ELECTRONIC MESSAGE FROM THE OHDQ

I consent to receiving electronic messages offering to participate in conferences, training and marketing communications.

I consent I do not consent

MEMBERS ELECTRONIC DIRECTORY

Unlike the information contained on the OHDQ's Members Roll, which is public, the members' electronic directory is accessible exclusively by dental hygienists. Amongst other purposes, it can be used by members to find or contact other members.

I wish to be part of the electronic directory I do not wish to be part of the electronic directory

If you wish to be part of the electronic directory, what information other than your complete name do you want to appear in the electronic directory?

- Personal residence address E-mail Principal place of practise address
 Personal residence telephone Cellphone Principal place of practise telephone

VOLUNTEER WORK

The OHDQ seeks your participation for different events.

Do you wish to be a volunteer this year? Yes No

CONFIRMATION OF VERACITY

I certify that all information given on this form is accurate. I have read the information contained in this form and, having duly completed it, I certify that the information it contains about me is true, accurate and complete. Furthermore, my signature may be used by the OHDQ personnel for validation or authentication purposes.

Signature of the Applicant

Date

PAYMENT AUTHORIZATION

ISSUANCE OF PERMIT

• Fees for issuance of permit	\$165.00
• GST applicable on fees for issuance of permit	\$8.25
• QST applicable on fees for issuance of permit	\$16.46
	\$189.71

REGISTRATION ON THE MEMBERS' ROLL

• Annual dues to the OHDQ 2021-2022	\$376.53
• GST applicable on annual dues	\$18.83
• QST applicable on annual dues	\$37.56
• Professional liability insurance	\$7.31
• Contribution to the financing of the Office des professions du Québec	\$29.00
	\$469.23

TOTAL AMOUNT TO PAY

Issuance of permit	\$189.71
Registration on the Members' Roll	\$469.23
MONTANT TOTAL À PAYER	\$658.94

GST # 10698 6011 RP QST # 1 006 163 498

Please choose one of the following:

- Certified cheque or money order payable to the OHDQ * No personal cheques accepted
- Credit card (VISA or MasterCard):

Authorized payment: \$ _____ (see above)

Card number

Expiry

Name of the cardholder

Signature of the cardholder

AIDE-MÉMOIRE

- ✓ Duly completed and signed application form
- ✓ A recent digital passport-sized photo
- ✓ Copy of two (2) pieces of ID from among the following:
 - Birth certificate, passport, driver's license, health insurance card
- ✓ Copy of your dental hygiene diploma
- ✓ Copy of your official transcript for your dental hygiene program
- ✓ Proof of appropriate knowledge of French
- ✓ Certificate of professional conduct (Section I of Appendix filled and signed remitted to the organization governing the profession in the other province or territory)
- ✓ Payment authorization of all applicable fees
- ✓ **Questions?: Read the information available on the [OHDQ's website](http://ohdq.com)**

This duly completed and signed application form and all required documents must be sent to the OHDQ by mail or e-mail, to the following address:

Secrétariat et Tableau de l'Ordre
Ordre des hygiénistes dentaires du Québec
 606, rue Cathcart, bureau 700, Montréal (Québec) H3B 1K9
permis@ohdq.com

SECTION I

This section has to be **filled and signed by the applicant** in order to authorize the concerned regulatory or licensing body to disclose the requested information to the OHDQ

Applicant's last name		Applicant's first name	
Applicant's address		Street	Unit
City	Province or territory		Postal Code
Regulatory or licensing body			Registry/License No.
<p>I, the applicant, hereby authorize the aforementioned regulatory or licensing body to provide the information requested below and any additional information requested by the Ordre des hygiénistes dentaires du Québec in order to proceed with my application.</p>			
_____			_____
Applicant's signature			Date

SECTION II

This section has to be **filled and signed by the concerned regulatory or licensing body** and its original must be sent directly to the OHDQ by said regulatory or licensing body

Regulatory or licensing body			
Registrar or Secretary's last name		Registrar or Secretary's first name	
Applicant's last name		Applicant's first name	Registry/License No.
Date of registration	Expiry date	Category of registration	
<p>➤ Has the applicant ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her or him? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>➤ Is the applicant currently under investigation or involved in any proceedings for conduct in the nature of a professional misconduct, incompetency or incapacity or any like investigation or proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;"><i>(If yes, please provide all information)</i></p>			
<p>I, the Registrar/Secretary acting on behalf of the aforementioned regulatory or licensing body hereby certify that the foregoing statements are true statements of the registration record for the applicant.</p>			
Seal of the Board		_____	_____
Seal of the Board		Registrant's signature	Date