

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.

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.

 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?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<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?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide all information)</i>			

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.

 Seal of the Board

 Registrant's signature

 Date