



**Application for Professional Liability (Malpractice) Insurance
for the College of Dental Hygienists of Ontario (CDHO) Clinical Examination**

The Ontario Dental Hygienists' Association (ODHA) professional liability insurance policy provides \$4,000,000 coverage. The ODHA policy will cover candidates for the CDHO clinical examination who:

- complete this application form;
- pay the required fee; and
- affirm, by completing an application for membership and submitting it along with this application, that they will join the ODHA as an active member (\$190.00 plus HST) when they have successfully completed the CDHO clinical examination.

Upon processing of this application, ODHA will forward a certificate confirming coverage to the applicant within 5 business days.

Please print:

First name:		Last name:	
Address:			
City:		Prov./Terr:	
Postal code:		email:	
Home phone:		Cellular phone:	
Date of CDHO clinical examination:			

Fee: \$25.00

Payment:

VISA

MasterCard

Credit card#: _____ Expiry date: _____

Name on card (please print): _____

Signature of card holder: _____

I affirm that I intend to apply for active membership with ODHA as soon as I have been informed that I have successfully completed the CDHO clinical examination. My application for membership (including payment) is included.

Signature of applicant: _____ Date: _____

**Submit application by: Mail to: 201-3425 HARVESTER ROAD, BURLINGTON, ON L7N 3N1
Fax to: 905-681-3922 or 1-888-895-6044**

PLEASE NOTE: If you need malpractice insurance to apply to the CDHO during the period of August 1st until December 31st you can purchase this insurance for \$25/month. You will be contacted by the ODHA office approximately two weeks after writing the CDHO clinical exam.

Ontario Dental Hygienists' Association Membership renewal / application



Membership period: 01-Nov-2009 to 31-Oct-2010

ODHA#	CDHO#	Title: (e.g., Ms./Mrs./Mr.)
First name:	Middle name:	Last name:
Usual first name:	Previous name:	Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Primary business or employer
email:		Birth date (yyyy/mm/dd)

For new applications:

<input type="checkbox"/> Female <input type="checkbox"/> Male	Dental hygiene institution attended:	Year of dental hygiene graduation (yyyy):
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Home no change

Address:		Apt/Unit #:
City:	Prov. /Terr:	Postal code:
Country:	Home phone:	Cellular phone:

Primary business or employer information no change

Business or employer name:		
<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> volunteer <input type="checkbox"/> other	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> occasional <input type="checkbox"/> other	
Address:		Unit #:
City:	Prov. /Terr:	Postal code:
Country:	Phone: (ext.)	Fax:

Secondary business or employer information no change

Business or employer name:		
<input type="checkbox"/> employee <input type="checkbox"/> self-employed <input type="checkbox"/> volunteer <input type="checkbox"/> other	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> occasional <input type="checkbox"/> other	
Address:		Unit #:
City:	Prov. /Terr:	Postal code:
Country:	Phone: (ext.)	Fax:
Are you working at more than two places of employment? <input type="checkbox"/> yes <input type="checkbox"/> no		

Privacy Consent Note: Ontario Dental Hygiene Societies are considered "third parties" and will not receive your contact information if you select "I do not consent", in which case you will not receive notices or other information from your local society.

<input type="checkbox"/> I consent to the use and disclosure of my name and mailing address for the purposes of third party mailings.	<input type="checkbox"/> I do not consent to such use and disclosure.
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Volunteering

ODHA often receives requests for dental hygienists to participate in initiatives to educate the community on dental hygiene – e.g., teaching children about brushing, career fair or health display, discussing dental hygiene with seniors.

Are you interested in participating in initiatives in your community? yes no

ODHA would like to establish a roster of dental hygienists who are interested in speaking to groups about dental hygiene. Examples of "groups" include associations (Canadian Diabetes Association, Canadian Lung Association), other professional associations as well as dental hygienists.

Are you interested in being added to the ODHA speakers' roster? yes no

Topics to speak about:

ODHA receives requests for dental hygienists to provide services to members of the public outside of a dental office.

Are you interested in being contacted if a request comes from your community? yes yes but contact me first with information no

Refer the request to me directly at: home primary business 2ndary business (specifically grants ODHA permission to release your contact information)

Skills and practice registry The environment in which I have expertise. (Please make selections that reflect your **primary** area of practice/focus)

<input type="checkbox"/> Administration	<input type="checkbox"/> Healthcare facilities (hospital, extended/long term care)
<input type="checkbox"/> Armed forces	<input type="checkbox"/> Home care
<input type="checkbox"/> Community health centre	<input type="checkbox"/> Industry (pharmaceutical, manufacturing, marketing, sales)
<input type="checkbox"/> Dental hygiene office	<input type="checkbox"/> Mobile practice
<input type="checkbox"/> Dental office (general)	<input type="checkbox"/> Multi-disciplinary healthcare team
<input type="checkbox"/> Dental office (orthodontics)	<input type="checkbox"/> Occupational/corporate wellness
<input type="checkbox"/> Dental office (paedodontics)	<input type="checkbox"/> Private clinics (fee for service)
<input type="checkbox"/> Dental office (periodontics)	<input type="checkbox"/> Provincial/federal government
<input type="checkbox"/> Education (university, community college, private school)	<input type="checkbox"/> Public health department
Other:	

Client groups (Please make selections that reflect your **primary** area of practice/focus)

<input type="checkbox"/> all ages	<input type="checkbox"/> infants/toddlers/preschool (0-5 yrs)	<input type="checkbox"/> school age (6-12 yrs)	<input type="checkbox"/> adolescent (13-18 yrs)
<input type="checkbox"/> adults	<input type="checkbox"/> seniors	<input type="checkbox"/> physically or developmentally challenged	<input type="checkbox"/> First Nations

I am skilled in the following languages:

Membership Select one:

(Membership fees are non-transferable, non-refundable & not prorated. HST is included in fees.)

<input type="checkbox"/> Active: (living/practising in Ontario) <input type="checkbox"/> \$214.70 (one year)	
<input type="checkbox"/> Support: \$124.30 (inactive - on leave, retired)	<input type="checkbox"/> I am legally eligible to practise dental hygiene in Ontario. I am eligible to be an Active member of the ODHA and therefore eligible for professional liability insurance and legal expenses related to disciplinary matters and claims related to sexual abuse. The professional liability insurance policy held by the ODHA, including any associated riders, is valid for acts performed in Canada. The policy does not cover dental hygienists practising outside of Canada. The policy period is from January 01 to December 31.
<input type="checkbox"/> Associate: \$67.80 (practising outside Ontario)	
<input type="checkbox"/> Student: \$56.50 (student in any year – valid to October 31 st in year of graduation)	Graduating student members – once registered with the College of Dental Hygienists of Ontario or legally eligible to practice in any other province in Canada – are automatically included in the professional liability policy for the remainder of that calendar year.

Life members only

- I will be a practising dental hygienist in Ontario during this membership year and require professional liability insurance and coverage for legal expenses related to disciplinary matters and claims related to sexual abuse.
- I will **NOT** be practising as a dental hygienist in Ontario during this membership year and do **NOT** require professional liability insurance.

Payment

cheque enclosed – for applications by mail only. Make cheque payable to ODHA. (NSF items are subject to a \$20.00 administrative fee)
Please note: Fees are non-transferable, non-refundable & not prorated.

VISA MasterCard

Credit card#: _____

Expiry date: _____

Name on card (please print)

Signature of card holder

I affirm that the information and statements provided in this application/ renewal are correct and I consent to the collection, use and disclosure of my personal information for the purposes of providing benefits and services to me.

Signature of applicant or member

Date

A membership card and official receipt will be mailed within 6 weeks of processing.

Please note that a \$20.00 fee will be levied for a replacement membership card or receipt.

Register on-line	www.odha.on.ca
by fax	905.681.3922 or 1.888.895.6044
by phone	905.681.8883 or 1.800.315.6342
by mail	201 - 3425 Harvester Road Burlington ON L7N 3N1