

Dental Hygiene Practitioners of Ontario

Membership Application



To become a member of the DHPO, please complete the following steps:

1. Complete and sign this form
2. Provide a copy of your business licence and proof of self-initiation
3. Provide a cheque for \$99 made out to the following address:

Ni cole Brunelle, RDH
DHPO President
340 First Street
Midland, ON L4R3P2

General Information

| | | |
|---|-----------------|------------|
| First Name: | Middle Initial: | Last Name: |
| Birth Date (yyyy/mm/dd): | | |
| Female: _____ Male: _____ | | |
| Dental Hygiene Institution attended: | | |
| Year of Dental Hygiene graduation (yyyy): | | |

Home Information

| |
|------------------------------|
| Address: |
| City, Province, Postal Code: |
| Phone: |

Business Information

| |
|----------------|
| Business Name: |
| Address: |

City, Province, Postal Code:

Phone & Fax: (p) (f)

Email:

Website:

Skills & Practice Registry

Please circle all fields that apply:

- | | | |
|-------------------------------|---------------------------|---------------------------------|
| Administration | Provincial/Federal Gov't | Home Care |
| Community Health Care | Marketing/Promotion/Sales | Mobile Practice |
| Dental Hygiene office | Healthcare Facility | Public Health Department |
| Education | Armed Forces | Other: |
| Multi-disciplinary Healthcare | | Dental Office (please specify): |

Client Groups

Please circle all demographics that you serve:

- | | | |
|-----------------------|------------------------|------------------------|
| All ages | Seniors | Adults |
| Pre-School (0-5 yrs) | School Ages (6-12 yrs) | Adolescent (13-18 yrs) |
| Physically challenged | | |

I hereby state that the above information is true and ensure that the following items are enclosed and accurate:

- Proof of self-initiation
- Business License
- Cheque to DHPO (\$199)

Applicant Signature

Applicant Name

Date