

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 payment via PayPal on the website or cheque for \$99 made out to the following address:

Tracy Coyne RDH/DHPO President
Absolute Dental Hygiene Care
281 Falconbridge Road
Sudbury, Ontario
P3A 5K4

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
- PayPal Payment or Cheque to DHPO (\$99)

Applicant Signature

Applicant Name

Date