

Form D: Request for Pre-determination of Program Credits

1. Registrant Information:

Full Name: _____

Registration Number: _____

Email Address: _____

Phone Number: _____

2. Activity Details:

Name of Activity/Course: _____

Sponsoring Organization: _____

Location of the Activity (if applicable): _____

Date(s) of the Activity: _____

Length of the Activity (in hours): _____

3. Presenter Information:

Name of Presenter(s):

Curriculum Vitae or Professional Background of Presenter(s):

Email Address of Presenter(s) (if applicable):

Phone Number of Presenter(s) (if applicable):

4. Course Content and Objectives:

Provide a description of the course objectives:

Outline the topics or content covered during the activity:

Specify how this activity is relevant to your practice of dental hygiene:

5. Documentation:

Attach any supporting documentation (e.g., course schedule, brochure, course outline, etc.) that describes the learning objectives, content, and format of the activity.

6. Approval Request:

Specify the category under which you are requesting program credits (e.g., Educational Courses, Self-Directed Study, Practice-Related Activities, etc.):

Number of Program Credits requested:

7. Additional Information (if applicable):

Any additional comments or information to support your request:

8. Signature:

Registrant's Signature: _____

Date of Submission: _____

Instructions for Submission:

- Submit this form and any supporting documentation at least 90 days prior to the commencement of the activity.
- Email the completed form to registrar@cdhpei.ca
- You will receive a decision regarding your request within 14 days of submission.