

Professional Activity Record (PAR): **May 1, 2011 to April 30, 2011** **CDHM#222**

1. Please provide a synopsis of the Professional Activity you participated in or were involved with:

(Include the benefits to you and/or the recipient of the Professional Activity)

CDHM AGM: There were presentations given by the Registrar, Council Chair, the BOAs about the registration process, RHPA Chair and the CCP Coordinator. An informative presentation was given by the University of Manitoba, Faculty of Dentistry librarian. Her presentation was about evidence-based searching. We also voted for 2 new council members.

Oral Health Presentation: A colleague and myself gave a oral health school presentation to my daughter’s grade 5 class. We discussed how plaque forms, how cavities form, and how to brush and floss your teeth in an interactive format. We thoroughly enjoyed presenting to the students who had a lot of fun. Additionally, we received positive feedback from the teacher and we plan on giving the presentation yearly as this was a positive and rewarding experience for everyone.

SDH Mentor: I mentor 2 dental hygiene students. There are several events during the year which I participated in and got together with my mentees. In addition, the mentees observed me at my practice several times during the year. This program is extremely advantageous to the mentees and the mentors.

2. Professional Activity participated in: *(please check all that apply)*

Attended Professional Annual General Meetings and/or Business Meetings

CDHM MDHA CDHA UMSDHAA Other _____

Date and location of meeting(s): _____

Served on professional boards, councils, or committees

Name of Board, Council or Committee: _____

Date(s) of Meetings: _____

Name of Board, Council or Committee: _____

Date(s) of Meetings: _____

Provided information sessions/ workshops/ courses/programs (professional or community related)

Name of session/workshop/course: _____

Date(s) of Session: _____

Served as dental hygiene mentor (approved by the CDHM)

MDHA / U of M Other _____

Involvement in a community outreach programs

Name/Type of Program: _____

Date(s) of Activity: _____

Other: (Please Specify) _____

If audited, please mail forms to the CDHM office **by April 30th** to: 109-420 Des Meurons Street, Winnipeg, MB R2H2N9 OR email in **PDF format** to deputyregistrar@cdhm.info