



College of Dental Hygienists of Manitoba
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ORAL ANAESTHETIC MODULE DECLARATION FORM

Oral Anaesthetic Declaration

Please complete the following declaration if you would like to receive recognition for Oral Anaesthetic training completed and be included on the Oral Anaesthetic Roster, thus allowing you to practise the skills learned.

I, _____ make this declaration in good faith knowing that it has the
 (Print name)
 same force and effect as if taken under oath and understand that making a false declaration can result in disciplinary action.

 (Signature) (dd/mm/yy)

Required for Processing:

An authenticated photocopy of the certificate of completion from this course *must* accompany the declaration. Applicants who have graduated from the University of Manitoba or who have graduated from an institution outside Manitoba must have a Notary Public certify the certificate of completion.

Please sign below:

I, _____, declare that I have successfully completed the requirements of an
 (Print name)
 Oral Anaesthetic Module/Course for Dental Hygienists at:

_____ on _____
 (Name of granting organization – College/University/Program) (dd/mm/yy)

****A new wall certificate and wallet card will be issued to the registrant upon approval of the Oral Anaesthetic Module Declaration**