



COLLEGE OF  
DENTAL HYGIENISTS  
OF MANITOBA

Email: [cdhm@cdhm.info](mailto:cdhm@cdhm.info)

T: 204-219-2678

# CCP PRE-APPROVAL FORM

CDHM Registrant #: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Registrant email: \_\_\_\_\_

Course Name/  
Activity Name/ Description: \_\_\_\_\_  
\_\_\_\_\_

Presenter Name  
(where applicable): \_\_\_\_\_  
\_\_\_\_\_

Sponsoring Institution/  
Organization/Association: \_\_\_\_\_  
\_\_\_\_\_

Completion Date: \_\_\_\_\_

Course/Activity  
Length (hours requested): \_\_\_\_\_



Please check the appropriate Activity Category:

**DH Course/Lecture/  
Session/ Workshop**

**Volunteerism**

**Professional AGM**

**Indigenous Cultural Sensitivity Training**

**Other Pre-Approved**

Summarize the knowledge or skills you expect to gain and briefly (150-300 words) describe how it relates to dental hygiene practice:

I request Pre-Approval to submit the above activity towards my CCP requirement and will submit proof of attendance/participation or my transcript to CDHM within 30 days of submitting, or upon completion of the activity.

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**Signature (digital signature accepted)**

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**Date of Request**