Practice Hours Verification Form

College of Alberta Dental Assistants

- Use this form to report your practice hours:
  - for annual practice permit renewal, to meet the CCP current practice requirement complete Sections A and C
  - for new registration or reinstatement applications (use Sections B and C)
- Complete one form for each employment or volunteer role.
- Hours may include employment and volunteer hours.

Name _____ **Registrant #** _____

Section A - Practice hours for CCP current practice requirement

- Include hours within one registration year. (Hours do not need to cover the full registration year.)
- Complete one form per employer. Upload it under the respective employer in the Employment section when you renew your practice permit in the CADA Portal.

Registration year _____ **Number of hours** _____
Registration year is from December 1st to November 30th.

Hours completed between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Section B - Practice hours for new registration or reinstatement applications

- **New registration applicants** need clinical practice hours from employment only and must list all clinical services they provided at **Types of services provided**.
- Hours that are less than 3 years old are eligible.
- Use Section C – Verification or attach documents that verify your practice hours.
- Attach this form to your registration or reinstatement application.

Hours completed between _____ and _____
Start Date (dd/mm/yyyy) End Date (dd/mm/yyyy)

Exact number of hours completed _____

Type of services provided _____

_____

Section C - Verification

To be completed by employer or volunteer organization representative who is verifying practice hours.

Employer or volunteer organization _____

Verified by (print name) _____

Signature _____ **Date** _____

Job title/position _____

Contact information _____
(Phone, Address or Email)

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