



Orthodontic Declaration

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

I, _____, declare that:
(Print name)

I have successfully completed the requirements of an Orthodontics Module/Course for Dental Hygienists at _____ on or about _____.
(Name of granting organization - College/University/Program) (Insert year)

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

Signature Date