



Restorative Declaration

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

I, _____, declare that:

- (a) I successfully completed the requirements of a Restorative Course/Module for Dental Hygienists, and was awarded a Certificate by _____
(name of granting organization - e. g. University of Manitoba, School of Dental Hygiene)
on or about _____ (insert year).
- (b) I am unable to locate the Certificate and have been advised that it is not possible to obtain a copy from the granting organization.
- (c) I understand that making a false declaration can result in disciplinary action.

I make this declaration in good faith knowing that it has the same force and effect as if taken under oath.

Signature

Date