

The Ohio Dental Hygienists' Association

Academy of Dental Hygiene Studies

Membership Application

I. Background Information:

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

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Telephone: \_\_\_\_\_ Component \_\_\_\_\_

Email Address: \_\_\_\_\_

School of Dental Hygiene Education: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Current Ohio DH License #: \_\_\_\_\_

AND Your Local Component \_\_\_\_\_

II. Continuing Education:

CEU's must total 48 or more.

The CEU's must have been received within five (5) years preceding this application.

On the next page, list in inverse chronological order (most recent courses first) the courses you have completed.

Proof of the courses completed must accompany this application.

\*Copies of white ODHA CEU course cards or certificates of attendance must be submitted with this application. Copies of certificates of attendance from other sponsors must also be submitted and are again subject to approval by the Academy.

Course Title	Date	CEU's
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