



Quality Assurance Program Volunteer Contract Form

Complete the following form and submit to the Quality Assurance Committee for approval prior to activity. Form must be completed 60 days prior to activity to allow adequate time for the QAC to review information provided. Submit care of:

College of Dental Hygienists of BC
600-3795 Carey Road
Victoria, BC V8Z 6T8

Registrant Name:	Registration #:
Volunteer Experience Description:	
Learning Goal in preparation for the Volunteer Experience:	Reflect on your perceived need relating to the relevance of this activity to your dental hygiene practice:
Detail the learning activities planned that will assist you in reaching your learning goal:	
Provide a detailed description on how the proposed continuing competency activity/activities relate to your dental hygiene practice. (250-500 words max)	
Provide a substantial detailed description on how this volunteer activity will be applied or enhance your dental hygiene practice. (250-500 words max)	
Provide a detailed reflection of how this volunteer experience has or will enhance your practice along with how you have or how it will be applied into practice. (250-500 words max)	
Identify and discuss specific continuing competency principles this learning activity aligns with. (250-500 words max) <small>*Note: Continuing competency principles found in the QAP Continuing Competency Principles</small>	
Projected timeline: Start Date:	Completion Date:

Frequency of volunteer work: hours/ week.

Projected total hours spent in volunteer project:

Name and location of organization you are volunteering with:

Continuing Competency Credits requested: _____
(Maximum 20 credits will be awarded)

I declare that this information provided in this Volunteer QAP form and are complete and truthful and represent the learning activates as outlined.

Registrant Signature:

Date:

This section is for Quality Assurance Committee use only

Select appropriate option after complete review of documentation

This Volunteer Plan, related activities and continuing competency credits has been approved by the QAC.
DATE: _____

This Volunteer Plan and related activities have been approved by the QAC with a limit of _____ continuing competency credits.
DATE: _____

This Volunteer Plan and related activities have been denied by the QAC.
Comment if Modifications are required prior to resubmission:

DATE: _____