



APPLICATION FOR NON FINANCIAL ASSOCIATION MEMBERSHIP

Name of National Dental Hygienists Association:

Address:

Telephone:

Fax:

Email

Name of individual submitting application:

Position in organization:

Address:

Telephone:

Fax:

Email:

Please include with your application ALL of the following information

in English:

- Copy of the Statutes/Constitution and By-Laws of the National Dental Hygienists Association
- Documentation that the applicant organization officially supports the Human Rights Statement of the International Federation of Dental Hygienists on the official letterhead signed by the President
- Number of hygienists in the country:
- Number of hygienists in the organization:
- Documentation supporting the National Dental Hygienist Association qualification for the non-financial membership category as indicated by the United Nations (UN) category for least developed countries (LDC)



Education:

- How many education programmes for dental hygienists are there in your country?
- Which level of educational institution? e.g. (University, Community College, Training School, Hospital) Please specify number and type.
- Qualifications attained e.g. Diploma, Certificate, Degree etc
- Details of curriculum to include course content (subjects, hours) length of course
- What are the pre-requisites for dental hygiene education? e.g. secondary school, dental assisting.
- List of legislated professional duties provided for patient care
- Documentation that the applicant organization is the official national association which represents the registered/licensed dental hygienists ⁽¹⁾ in that country e.g. registering authority, Labour Department or other Government Agency.

Applications will be received no later than January 2013 (6 months prior to the next scheduled IFDH House of Delegates meeting in Cape Town, South Africa August, 2013.)

Completed forms can be sent to:

IFDH Executive Committee: PO Box 957, Merlynston. 3058 Victoria. Australia
Email: littlejohn.littlejohn1@gmail.com