

## CONFIRMATION OF ACCREDITATION INFORMATION

Date: \_\_\_\_\_

From: *Institution name* \_\_\_\_\_

To: Commission on Dental Accreditation of Canada (CDAC)

Re: Application for Program Survey

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I,           *Name and position/title*          , on behalf of the Dental Hygiene program at,           *Institution name*          , verify that the responses to the CDAC Dental Hygiene Accreditation Requirements enclosed in this Application for Program Survey accurately reflects the program as of August 1<sup>st</sup>, 2007.

On behalf of           *Institution name*          , I acknowledge that the CDAC will identify on the CDAC website that           *Institution name*           has made an Application for a Program Survey that will be reviewed by the CDAC in November \_\_\_\_\_.

Please find enclosed the Application for Program Survey fee, in the amount of \$ 2,000.00 (two thousand dollars + GST), payable to the CDAC. This fee is non-refundable.

\_\_\_\_\_  
*Signature and position/title*

\_\_\_\_\_  
*Date*