

## CONFIRMATION OF ACCREDITATION INFORMATION

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

From: \_\_\_\_\_

To: Commission on Dental Accreditation of Canada (CDAC)

Re: Application for Program Survey

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I, \_\_\_\_\_, on behalf of the Dental Hygiene program at, \_\_\_\_\_, verify that the responses to the CDAC Dental Hygiene Accreditation Requirements enclosed in this Application for Program Survey accurately reflect the program as of August 1<sup>st</sup>, \_\_\_\_\_.

The educational experiences of the student/cohort group starting the program in \_\_\_\_\_ (month) and graduating in \_\_\_\_\_ (month) are the focus of this application.

On behalf of \_\_\_\_\_ (program), I accept that as part of the CDAC accreditation process:

- a. CDAC will identify on its website the outcome (approval or denial) of CDAC's review of our application for program survey following the CDAC Annual Meeting in November.
- b. Following CDAC review of the accreditation survey report, CDAC will identify on its website if our program has obtained or been denied program accreditation.

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

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*Signature and position/title*

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*Date*