



IFDH Full Association Membership Application

✓ Yes, we are interested in becoming a Full Association member of the IFDH.

Contact & Information

Please print in English

Organization _____

Address _____

City _____ State _____ Zip/Postal _____

Country _____

Phone _____ Fax _____

Contact: First Name _____ Last Name _____

Title _____ Email _____

of Hygienists/Therapists in your: Country _____ Organization _____

Delegates to IFDH to be:

- First Name _____ Last Name _____ Email _____

- First Name _____ Last Name _____ Email _____

Please notify us if either of the two representatives above change.

See pages 2 and 3 for Required Information, Attachments and Payment Options →→

Upon approval of your application, a membership invoice will be sent to you with the amount based on the number of dental hygienist and therapist members.

For More Information, Contact:

Peter Anas, Executive Director director@IFDH.org or Phone: +1-240-778-6790

Send Completed Forms to:

The International Federation of Dental Hygienists
100 South Washington Street, Rockville MD 20850, USA

OR Email: membership@IFDH.org **OR Fax to:** +1-240-778-6112

Required Information and/or Attachments

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.

Declaration that the applicant organization officially supports the Human Rights Statement of the International Federation of Dental Hygienists on your official letterhead signed by the President.

List of legislated professional duties provided for patient care (please attach separate sheet)

Documentation that the applicant organization is the official national association which represents the registered/licensed **Dental Hygienists/Dental Therapists, or Oral Health Therapists** in that country e.g. registering authority, Labor Department or other Government Agency.

Your Delegates:

Will your IFDH 2 delegates have served on your organization's Board of Directors? Yes No

How does your country's national organization select its 2 delegates to IFDH?

Appointed Elected Other (details) _____

If you answered "Appointed" or "Elected" above, provide details or criteria

How often will your delegate's position be selected/changed? _____

Education: You may attach a separate page answering some of these questions:

- What are the official titles of the oral health professionals in your country (not including dentists, dental prosthetists and dental assistants/ nurses)
Dental Hygienists Dental Therapists Oral Health Therapists Other _____
- Provide the # of each of above in your country:
 - Dental Hygienists _____
 - Dental Therapists _____
 - Oral Health Therapists _____
 - Other _____
- How many oral health education programs are there in your country? _____
- Which level of educational institution? 1. Select all that apply. 2. List the certificate/degree attained (Master's, Bachelor's, Diploma, Certificate, etc.) AND 3. The length of the program (years).
 - University _____
 - Community College _____
 - Training School _____
 - Hospital _____
 - Other _____
- Qualifications attained e.g. Diploma, Certificate, Degree etc
- Summarize the graduate oral health practitioners' scope of practice (on separate page).
- What are the pre-requisites for dental hygiene education? e.g. secondary school, dental assisting.

Payment

One-time \$125 (US) application fee.

Payment Details (please check one):

- Bank Cashier's Check or Money Order in \$US (**Make payable to IFDH**)
Mail to our address on page 1
- Wire Transfer: Contact the IFDH Executive Office for information, membership@ifdh.org
- Credit Card (Fax to +1.240.778.6112. **OR** Enter information below, scan and email to membership@ifdh.org)
- Check One: MasterCard Visa American Express
- Cardholder's Name (print as it appears on card):
- Credit Card #: _____ Expiration Date: _____
- Cardholder's Signature: _____

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For IFDH Use Only:

Received Date _____

Approval by Membership Committee Date _____