

HOWARD COUNTY DENTAL HYGIENE REFERRAL SERVICE

a not-for-profit service for HCDHA & HCDA members

Hygienist Registration

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

ADHA Membership # _____ (only HCDHA members are eligible)

I am seeking a position for:

- Full Time
- Part Time
- Temporary

My day and time availability is:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Describe your background, interests, and strengths as a hygienist. Please also attach a *resume*, *copy of your current MD dental hygiene license*, and *CPR certification*.

Disclaimer:

The Howard County Dental Hygiene Referral Service (HCDHRS) makes no claims as to the qualifications or skills of any dentist or hygienist. It is the responsibility of each party to validate the qualifications and evaluate the skills of the dentist or hygienist, as would be appropriate for any professional employment. Further, HCDHRS will not suggest terms for, or be involved with, negotiations for remuneration or benefits between parties seeking permanent employment.

I understand and agree to comply with the policies of the HCDHRS. I certify that the information I have provided is true.

Signed by RDH _____

Date _____