



PLEASE COMPLETE THIS FORM LEGIBLY AND IN FULL

This information will allow CDHA to provide full CDHA-ACHDnet services via ITRANS and to properly administer that service. Please fill out a new subscription agreement form for each office in which you work.

Name of Subscribing Dental Hygienist: _____

Office Contact Person: _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Office Telephone No.: (_____) _____ Facsimile No.: (_____) _____

Is this your preferred mailing address for all CDHA Correspondence YES NO

Please indicate language of choice: English French

Office Email address: _____ Important CDHA-ACHDnet and ITRANS administrative notices will be emailed here

Dental Hygienist's Email address: _____

Private Email address: _____

Email ITRANS Digital Certificate issuance & expiry notices to: _____ *MANDATORY*

If incorporated, please give name of incorporated company _____

Member of Canadian Dental Hygienists Association? YES NO

Member of Provincial/Territorial Dental Hygienist Association? YES NO

Provincial License number: _____

UIN (9 digits) 2 0 2 _____ If unknown or not yet assigned please leave blank and CDHA will complete or issue a new UIN.

CDHA-ACHDnet Office Number=#(4 characters) _____ If unknown or not yet assigned please leave blank and CDHA will complete or issue a new office number.

Name of the software vendor providing your dental hygiene office system? _____

Please indicate all CDHA-ACHDnet office numbers the Dental Hygienist is currently submitting claims from:

1. _____ 2. _____ 3. _____ 4. _____

Will the Dental Hygienist soon be leaving another office location?

Y/N _____ (4 characters)

Beginning November 1, 2014 access to CDHAnet is included with CDHA's Independent Practice Network (IPN) fee.

Name Dental Hygienist: _____ CDHA-ACHDnet Office Number: _____

ITRANS CERTIFICATE PASSWORD DELIVERY

Please Note: Should the fax method of delivery not be authorized then CSI will mail the password information.

Address: _____
Street City Province Postal Code

Account Contact(s) that can obtain the password for your ITRANS Digital Certificate:

FAX DELIVERY CONSENT

Authorizing fax delivery releases Continovation Services Inc. (CSI) of any security liability. The named Hygienist acknowledges that this method of transport may not be secure and the personal information contained in this communication may ultimately be viewed by a third party or lost in transport. This authorizes CSI to send password information via fax upon request from an authorized contact from this day forward.

Fax Number: _____

Dental Hygienist Signature: _____ Date: _____
NO STAMP PLEASE

PERSONAL INFORMATION CONSENT

In order to provide you with CDHA-ACHDnet™ & ITRANS™ transaction and messaging services and the issuance of an ITRANS digital trust certificate, it is necessary for the Canadian Dental Hygienists Association (CDHA) to collect, retain, use, disclose and share your personal information with the following parties: Continovation Services Inc. (CSI), your licensing and regulatory authority (college), adjudicators and payors of health benefit claims, practice management software vendors, laboratories and other services providers (collectively, Third Parties). I authorize CDHA and these Third Parties to collect, retain, use, disclose and share my personal information, and any other information necessary to provide the services hereunder to you. CDHA's privacy statement is available at www.cdha.ca

Dental Hygienist Signature: _____ Date: _____
MANDATORY - NO STAMP PLEASE

FOR CDHA USE ONLY:
Start Date: ____ / ____ / ____ CDHA ID _____ Faxed to ITRANS: ____ / ____ / ____



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