



## Application for the 2009 Administrations of the National Dental Hygiene Certification Examination (NDHCE)

<b>Application for Attempt #:</b> <input type="checkbox"/> 1 <sup>st</sup> - <input type="checkbox"/> 2 <sup>nd</sup> - <input type="checkbox"/> 3 <sup>rd</sup> - <input type="checkbox"/> 4 <sup>th</sup>	<b>Date of Examination (Application Deadline Date):</b> <input type="checkbox"/> January 26, 2009 (November 28, 2008) <input type="checkbox"/> May 19, 2009 (March 20, 2009) <input type="checkbox"/> September 21, 2009 (July 24, 2009)
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Please **PRINT NEATLY** in black pen. Refer to the **Application Guide** on the NDHCB web site: [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php) when completing this form. Incomplete forms or insufficient payment will result in delays and/or examination ineligibility.

**PERSONAL INFORMATION:** (Please print using upper and lower case where it applies – e.g. MacDonald)

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birth Date (Y/M/D): \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever applied under a different name?  No  Yes, which name(s): \_\_\_\_\_

**DENTAL HYGIENE EDUCATION INFORMATION:** (See page [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php) for list of codes)

Institution Name: \_\_\_\_\_ Institution Code: \_\_\_\_\_

City/Province/Country: \_\_\_\_\_ Month/Year of Program completion: \_\_\_\_\_

**EXAMINATION ADMINISTRATION INFORMATION:** (See page [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php) for list of codes)

Examination Language Preferred:  English  French  I would like a copy in both languages

Writing Centre Code: First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Do you require special accommodations? (See [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php))  Yes  No

If **yes**, please download and print a Special Accommodations Application Form at [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php), fill it and attach it (include required documentation) with this Certification Examination application.

**EXAMINATION RESULTS AND CERTIFICATE INFORMATION:**

Results and Certificate Language Preferred:  English  French

Do you have an alternate address where the results and certificate should be forwarded?  Yes  No

If **yes**, please provide complete mailing address:

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

**Payment of Fees:** Insufficient fees or incorrect method of payment will delay processing and may result in writing the examination at a later date.

**Method of Payment:** Credit Card (VISA or Master Card only), Certified Cheque or Money Order in **Canadian funds** (payable to the National Dental Hygiene Certification Board)

**No cost** – Authorized transfer from a previous administration

**\$525** (incl. 5% GST) or \$565 (incl. HST for NB, NS & NL applicants) for 1<sup>st</sup> time attempt or re-entry to practice - includes a \$105 (incl. GST) non-refundable fee

**\$420** (incl. 5% GST) or \$452 (incl. HST for NB, NS & NL applicants) for 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> attempts - includes a \$105 (incl. GST) non-refundable application fee

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Name of Card holder: \_\_\_\_\_ Signature of Card holder: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		<b>Application Received:</b>
<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> Student: Completed Statement of Reference	<input type="checkbox"/> Graduate: Notarized Copy of Diploma/Certificate & <input type="checkbox"/> Transcript
<input type="checkbox"/> Appropriate Fees	<input type="checkbox"/> Graduate: Notarized Copy of Diploma/Certificate & <input type="checkbox"/> Transcript	
<input type="checkbox"/> Two (2) Identical Passport Photographs	<input type="checkbox"/> Special Accommodations Application	
<input type="checkbox"/> Authorization #:	<input type="checkbox"/> Invoice #:	

**DOCUMENTS REQUIRED:** (Missing documents will delay processing and may result in writing the examination at a later date)

If you are applying as a **GRADUATE**

- Completed Application Form
- Two (2) Identical Passport-size Photographs
- An original or a notarized photocopy (witnessed and stamped by a Notary public) of your Diploma/Certificate in Dental Hygiene (unless already submitted previously)
- An official transcript of grades (unless already submitted previously) to be sent directly to the NDHCB by the Dental Hygiene Educational Institution of Graduation

FOR IDENTIFICATION PURPOSES, PLEASE ATTACH A PASSPORT SIZE PHOTO TAKEN WITHIN THE LAST 6 MONTHS

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(Please use only one piece of clear tape to attach the photo)

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If you are applying as a **STUDENT**

- Completed Application Form
- Two (2) Identical Passport-size Photographs
- Completed Statement of Reference from your Dental Hygiene Program Director or Designate (see below)

**STATEMENT OF REFERENCE:** For **student applicants only**; to be completed by Dental Hygiene Program Director/Designate

Director/Designate Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This Statement of Reference certifies that the applicant is a student in an accredited or under review dental hygiene program and by the application deadline date will be within four (4) months of completion of the dental hygiene program.

It is the responsibility of the dental hygiene program director or designate to inform the NDHCB in writing, **no later than two (2) weeks prior to the examination date**, should the student's status no longer be to complete their dental hygiene program requirements within four (4) months of the application deadline date.

**Signature of Director/Designate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Statement**

The NDHCB has instituted policies that comply with current applicable Federal/Provincial privacy legislation. As a result, the information that has been provided to the NDHCB by candidates will be kept confidential by the NDHCB and will be used only by the NDHCB for the administration of the National Dental Hygiene Certification Exam (NDHCE), certificate preparation and the facilitation of registration/licensure of candidates. Non-specific examination results will be used by the NDHCB for statistical and reporting summaries in accordance with applicable privacy legislation.

**Statement of Understanding**

*I hereby apply for National Dental Hygiene Certification offered by the NDHCB and understand that certification is dependant upon successful completion of the NDHCE. The NDHCE is highly confidential. The examination questions are the property of the NDHCB. Unauthorized disclosure of the examination questions is prohibited under copyright laws. In consideration for being a candidate in writing the NDHCE, I agree to maintain the confidentiality of the examination questions. Any breach of confidentiality or substantiated doubts about the validity and/or reliability of ones' examination results may result in the suspension of the candidate's examination results and/or revocation of her/his National Certificate.*

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your application is not valid without your signature!**

Submit your completed application form and fees to: **NDHCB, 1929 Russell Rd, Suite 322, Ottawa, ON K1G-4G3**

**WITHDRAWING FROM THE CERTIFICATION EXAMINATION OR TRANSFERRING TO A FUTURE ADMINISTRATION:**

If you decide to withdraw from the examination, please inform the NDHCB in writing as soon as possible. The NDHCB will acknowledge your withdrawal in writing, and send you re-application information. Candidates who withdraw from the examination will receive the following refunds:

**Withdrawal 21 days or more** before the exam date: Application fee submitted less \$100 + tax non-refundable fee.

**Withdrawal less than 21 days** before the exam date: Application fee submitted less \$200 + tax (\$105 non-refundable & \$105 late withdrawal fees).

**Transfer**, eligible candidates may transfer their examination fees, to a future examination date, one time only and no less than 14 days before the examination date. Transfer requests less than 14 days before the examination date are not permitted.

**COMPLETING THE APPLICATION FORM:**

1. Please see the Application Guide and the Candidate Guide at [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php) for detailed information to complete this application form and to write the exam.
2. To avoid processing delays, the information must be accurate, complete, and legible. Please print in upper and lower case where applicable.
3. If there is no assigned code for your institution, please spell the institution name.
4. Indicate clearly, your choice for examination language and the language of your results/certificate; they can be different.
5. It is important to indicate both first and second choice for writing centre location. Every effort will be made to accommodate your request.
6. If you have a disability which could adversely affect your performance on the examination and may require some accommodation in taking the examination, it is important that you complete the "Request for Testing Accommodation" form. This form is at [www.ndhcb.ca/en/forms.php](http://www.ndhcb.ca/en/forms.php). If accommodations are not requested at the time of the Examination application, we cannot guarantee that the special accommodations will be available.
7. In order to be considered, your completed application form, required documentation and full payment of fees must be postmarked by the application deadline date for the administration you are applying for.