



Application for the 2010 Administrations of the National Dental Hygiene Certification Examination (NDHCE)

Application for Attempt #: <input type="checkbox"/> 1 st - <input type="checkbox"/> 2 nd - <input type="checkbox"/> 3 rd - <input type="checkbox"/> 4 th	Date of Examination (Application Deadline Date): <input type="checkbox"/> January 25, 2010 (November 27, 2009) <input type="checkbox"/> May 25, 2010 (March 26, 2010) <input type="checkbox"/> September 20, 2010 (July 23, 2010)
--	---

Please **PRINT NEATLY** in black pen. Refer to the **Application Guide** on the NDHCB web site: 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 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 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) Yes No

If **yes**, please download and print a Special Accommodations Application Form at 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

\$500 + applicable tax (for those writing in: AB, SK, MB, QC add \$25 GST; in ON & NB add \$65 HST; in BC add \$60 HST; in NS add \$75 HST) for 1st time attempt or re-entry to practice - includes a \$100 (+ tax) non-refundable fee

\$400 + applicable tax (for those writing in: AB, SK, MB, QC add \$20 GST; in ON & NB add \$52 HST; in BC add \$48 HST; in NS add \$60 HST) for 2nd, 3rd or 4th attempts - includes a \$100 (+ tax) non-refundable application fee

Credit Card number: _____ Exp. Date: _____ / _____

Name of Card holder: _____ Signature of Card holder: _____

FOR OFFICE USE ONLY:		Application Received:
<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 <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Two (2) Identical Passport-size Photographs <input type="checkbox"/> An original or a notarized photocopy (witnessed and stamped by a Notary public) of your Diploma/Certificate in Dental Hygiene (unless already submitted previously) <input type="checkbox"/> 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 (Please use only one piece of clear tape to attach the photo)	FOR IDENTIFICATION PURPOSES, PLEASE ATTACH A PASSPORT SIZE PHOTO TAKEN WITHIN THE LAST 6 MONTHS (Please use only one piece of clear tape to attach the photo)
If you are applying as a STUDENT <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Two (2) Identical Passport-size Photographs <input type="checkbox"/> 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 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. 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.