



APPLICATION FOR EVALUATION OF EDUCATIONAL CREDENTIALS

Please type or print clearly

Initial Application _____ Male _____ Date of Birth _____ / _____ / _____
 Repeat Application _____ Female _____ Day Month Year

FAMILY NAME (Last) _____ GIVEN NAME (First) _____

ADDRESS (to which ALL correspondence, including results, will be mailed)

Street (Number, Name, Apartment Number) _____

City _____ Province _____

Country _____ Postal Code or Country Code/Zip Code _____

Main phone _____ Alternate phone _____ E-mail Address _____

List all **Dental Hygiene related** schools, colleges, institutes and universities attended. (Start with most recent)
 (Use additional paper if necessary)

Name of Institution	City & Country	Attendance From / To	Year of Graduation	Language of Education	Name of Diploma/Degree/Certificate

Application Fee *

<input type="checkbox"/> Application Fee	\$375.00
Optional Fees (Indicate by adding to column)	+
<input type="checkbox"/> Duplicate results letter requested with evaluation \$10.00
<input type="checkbox"/> Results letter sent by email (as an attachment) \$ 5.00
<input type="checkbox"/> Faxed copy of results letter (International) \$10.00
<input type="checkbox"/> Faxed copy of results letter (Canada) \$ 5.00
<input type="checkbox"/> Original docs & Results ltr returned by courier (Intl) \$65.00
<input type="checkbox"/> Original docs & Results ltr returned by courier (Canada) \$35.00
SUB-TOTAL (Add above fees)
+ tax (BC: 12%; ON, NB & NL: 13%; NS: 15%; all others: 5%)
GRAND TOTAL:

Money Order or **Certified Cheque** (in Canadian dollars)

payable to: "The National Dental Hygiene Certification Board"
or

Credit Card (VISA or Master Card)

Card number: _____

Exp date: _____

Name of card holder: _____

Signature: _____

* Cost subject to change without notice

Please note Application documentation for an evaluation by an external credentialing agency must be submitted directly to the agency of choice, if applicable.

Please sign and date page 2 of this application form.

IMPORTANT NOTES:

1. AN EVALUATION WILL NOT BE STARTED UNTIL ALL REQUIRED MATERIALS HAVE BEEN RECEIVED. INCOMPLETE APPLICATIONS MAY RESULT IN A SIGNIFICANT DELAY IN BEGINNING THE EVALUATION. Once all documentation is received, the evaluation starts and is usually completed within 8-10 weeks. The evaluation will take longer if the NDHCB needs to do additional research, verify documents or if additional information is required. Applicants are advised that the NDHCB does not guarantee completion within 8-10 weeks. Applicants should avoid taking action (e.g. jobs, move, etc...) in anticipation of a positive result or a result within a specific time period.
2. If an applicant wishes to authorize a third party/agent to act on his/her behalf, a power of attorney will be required. Information, correspondence, and results will be given to the applicant OR to their agent. No information will be released over the telephone.
3. Original documents will be returned only if specified on the application accompanied by the applicable fee.
4. The NDHCB reserves the right to contact any relevant institutions for verification purposes and to request any additional information needed prior to completing the evaluation.
5. Evaluation reports of individuals may differ depending upon the time period in which they were completed. This results from new and up-dated information being made available to us on a continuous basis as well as revisions to evaluation standards. Educational evaluation decisions made by NDHCB are based on the most recent information available.
6. An applicant deemed eligible to write the NDHCE must submit the examination application form, prior to the deadline date of the selected examination and within three (3) years after a positive evaluation for eligibility.

CONSENT/WAIVER:

By applying for evaluation and signing below the applicant acknowledges the evaluation procedures including but not limited to the Notes above, the Evaluation Fact Sheet and the applicant duties as noted below.

Therefore, the Applicant:

1. Certifies that the supplied information is true and accurate to the best of his/her knowledge.
2. Realizes that this evaluation is not binding on any institution or organization, and releases the NDHCB from any liability for damages incurred due to the use of this evaluation.
3. Agrees to reimburse the NDHCB for any and all costs, including legal expenses, which it may incur as a result of any claim that he/she (or anyone having any interest in his/her earnings or services) may make, based upon the evaluation determination.
4. Acknowledges that, if the NDHCB and its agents determine that ANY document(s) submitted with respect to an application is altered or irregular, the evaluation will be terminated and the fee will not be refunded.
5. Releases the NDHCB from any liability for the loss or damage to documents submitted with respect to an application for an evaluation.
6. Agrees that the fees, once paid, are not refundable, except in the case of overpayment.
7. Acknowledges that information and documents relative to applicant may be disseminated to a network of education credential evaluation services, and applicant authorizes such dissemination.
8. Certifies that he/she has read and fully understands the above, and agrees with the terms outlined.
9. Certifies that the application and signature of agreement are valid until the evaluation is completed.

Signature of Applicant certifying agreement to the limits and conditions of assessment.

Date

THE APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID SIGNATURE

MAIL TO: National Dental Hygiene Certification Board
1929 Russell Rd., Suite # 322
Ottawa, ON K1G 4G3

GST/HST#: 89242 6149 RT0001