

TESTING ACCOMMODATIONS DOCUMENTATION OF DISABILITY RELATED NEEDS

*If you have a disability that requires an accommodation in taking the National Dental Hygiene Certification Examination, **please have this section completed by an appropriate professional (e.g., physician, psychologist, rehabilitation counsellor, special educator, or other professional)** to certify that your disabling condition requires the requested test accommodations.*

*Unless you have recently been diagnosed or disabled, you must also submit any existing documentation of having the same or similar accommodations provided to you in **another/prior test/academic situation**.*

I have known _____ since _____
(NAME OF CANDIDATE) (DATE)

In my capacity as a _____
(PROFESSIONAL TITLE)

Because of the nature of the candidate's disability, _____
(DESCRIPTION OF THE CANDIDATE'S DISABILITY)

It is my opinion, that the candidate should be accommodated by providing the following:

(Check all that apply)

LARGE PRINT TEST LARGE PRINT ANSWER SHEET READER/RECORDING

RECORDER (PERSON WHO FILLS IN ANSWERS) SEPARATE ROOM

ADDITIONAL TIME (SPECIFY TIME NEEDED): _____

OTHER (PLEASE SPECIFY) _____

NAME: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

Return to:
 NDHCB
 1929 Russell Rd, Suite 322
 Ottawa, ON K1G 4G3