

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**.

To be filled by the appropriate professional:

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 professional opinion, that the candidate should be accommodated by providing the following:

(Check all that apply)

- LARGER TEXT TEST
- AUDIO RECORDING OF TEST
- SEPARATE ROOM
- ADDITIONAL TIME (SPECIFY): _____
- OTHER (PLEASE SPECIFY) _____

NAME: _____ Tel: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

Return to:

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