

Please TYPE or PRINT all information. Incomplete forms may result in delays. All information provided will be kept strictly confidential. The original of the application remains with the National Dental Hygiene Certification Board (NDHCB). One copy is forwarded to the candidate.

REQUEST FOR MANUAL RESCORING OF ANSWER SHEETS BY THE TESTING AGENCY

A GENERAL INFORMATION

The following information is provided to serve as application for:

1. CANDIDATE IDENTIFICATION NUMBER: _____ EXAMINATION DATE: _____

WRITING CENTRE: _____
(CITY) (CODE)

2. NAME: _____
(LAST NAME) (FIRST NAME) (INITIALS)

ADDRESS: _____
(Street) (Email)

(City) (Province) (Postal Code)

TELEPHONE: () _____ () _____ () _____
(Home) (Work) (Fax)

B MANUAL RESCORING OF ANSWER SHEETS BY THE TESTING AGENCY

1. APPLICATION FEE FOR RESCORING OF ANSWER SHEETS BY THE TESTING AGENCY:

The request for manual rescoring application fee is \$85.00 + GST (**\$89.25**). A CERTIFIED CHEQUE or MONEY ORDER in Canadian funds payable to the **National Dental Hygiene Certification Board** or a valid Credit card number (VISA or MasterCard) is required.

Credit Card Number Exp Date

Name of Card Holder Signature

I agree to abide to the following SECURITY MEASURES established for the hand-scoring session:

I agree that the hand-scoring process will only verify my examination score, and will not allow me to challenge or review the content of the examination, or to seek further feedback on my weak areas.

C	SIGNATURE OF CANDIDATE
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I request that the service(s) indicated on this form be completed.

CANDIDATE SIGNATURE _____

DATE _____

FOR NDHCB USE ONLY

1. The candidate's application was received on _____.

2. The candidate has paid the required fee. YES NO

NDHCB STAFF SIGNATURE _____

TITLE _____

DATE _____

STATUS AFTER RESCORING