



# National Dental Hygiene Certification Examination (NDHCE) Testing Accommodation – Candidate Application Form

## SECTION A - PERSONAL INFORMATION

Last Name	First Name	
Address		
City	Province	Postal Code
Telephone	Email	Country

## SECTION B - ACCOMMODATION INFORMATION

The National Dental Hygiene Certification Exam (NDHCE) may be administered under modified conditions for those candidates who require accommodations under human rights laws. Requests to administer the exam in a language other than English or French will not be granted. The factors to be taken into account when considering requests for accommodations include: **a.** The supporting documentation is current and complete; **b.** The candidate has a diagnosed disability or other circumstances that demonstrate entitlement to accommodation under human rights laws; **c.** A clear link is shown between the functional impact of the candidate's personal circumstances and the accommodation that is proposed to alleviate that impact; **d.** Exam integrity is preserved, and there is no unfair advantage over other candidates; and **e.** NDHCB is able to provide the necessary resources to implement the accommodation.

## SECTION C - ACCOMMODATION REQUEST

Under what grounds under human rights laws are you applying for accommodations?  Disability  Other

Please describe the type of accommodation you are requesting (be as specific as possible e.g. extra time required **must** be specified). In what way does the test administration prevent you from demonstrating your knowledge and ability on a fair and equitable basis?

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### Please submit supporting document for this request:

- Form B:** Must be completed and **directly sent to [exam@ndhcb.ca](mailto:exam@ndhcb.ca)** by a regulated health professional qualified to confirm your disability related needs, dated within one year.

OR

- Supporting document from your school/institution **directly sent to [exam@ndhcb.ca](mailto:exam@ndhcb.ca)** describing specific accommodation granted (accessibility services), dated within two years.

## SECTION D - DECLARATION

I confirm that the above information is accurate and I understand that NDHCB may release information to a third party (e.g. proctor, exam service provider, or regulator) regarding the type of accommodations that are provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Directly forward the completed form to [exam@ndhcb.ca](mailto:exam@ndhcb.ca). When using fax, please send to 613-260-8511.**