



Please TYPE or PRINT all information. Incomplete forms may result in delays. All information provided will be kept strictly confidential.

REQUEST FOR MANUAL RESCORING OF ANSWER SHEETS BY THE TESTING AGENCY

A GENERAL INFORMATION

Candidate Information:

1. CANDIDATE IDENTIFICATION NUMBER: _____ EXAMINATION DATE: _____

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

ADDRESS: _____
(STREET) (APT NO./PO BOX)

(CITY) (PROVINCE) (POSTAL CODE)

TELEPHONE: _____ EMAIL: _____
(MAIN) (ALTERNATE)

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 \$110.00 + tax (5% for AB, BC, SK, MB, QC and the Territories; 13% for ON, US and International; 15% for PE, NS, NB and NL). 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) or VISA debit card is required.

Cheque enclosed Money Order enclosed

CREDIT CARD NUMBER EXPIRATION DATE CVD

NAME OF CARDHOLDER SIGNATURE

I agree to abide by the following security measures established for the manual rescoring:

I agree that the manual rescoring 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 services on this form be completed.

CANDIDATE SIGNATURE _____

DATE _____

For NDHCB Use Only

1. Candidate's request was received on _____.

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

NDHCB STAFF SIGNATURE _____

TITLE _____

DATE _____

	STATUS AFTER RESCORING

National Dental Hygiene Certification Board
75B Colonnade Road, Ottawa (Ontario) K2E 0A8
Phone: 613-260-8156 Fax: 613-260-8511
Email: exam@ndhcb.ca