



National Dental Hygiene Certification Examination (NDHCE) Testing Accommodation – Mental or Physical Disability

If you have a disability that may require testing accommodations when writing the National Dental Hygiene Certification Examination (NDHCE), please complete **Section A** on this form and forward this form to a regulated health professional who has known you for a period of time and has been involved in the treatment of your disability.

In **Section B**, the regulated health professional must describe the accommodations needed to mitigate the discriminatory effect of writing the exam in the usual method and/or environment, along with a rationale of the recommendation. **The regulated health professional is to send the completed form directly to the NDHCB.**

SECTION A - PERSONAL INFORMATION		(Completed by candidate)
Last Name	First Name	
Address		
City	Province	Postal Code
Telephone	Email	Country
SECTION B		(Completed by a regulated health professional)
1. I have known this candidate in my capacity as a (professional title): _____		
2. I verify that the candidate has a diagnosed disability (may include a DSM diagnosis): <input type="checkbox"/> YES <input type="checkbox"/> NO Please note: if the disability has not been diagnosed by a regulated health care professional who is qualified to make such a diagnosis, the candidate may not be granted accommodations. "Test anxiety" is not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.		
3. <input type="checkbox"/> The recognized diagnosis was provided by me. <input type="checkbox"/> The diagnosis was recognized by another qualified regulated health professional.		
4. The NDHCE is an online (live remoted proctoring) multiple choice exam over 4 hours (2 hours for part 1 / 5 min break / 2 hours for part 2). Describe how the disability impacts the person's ability to write the NDHCE in the usual method and/or environment, including functional limitations which prevent the candidate from writing the exam in the usual method and/or environment. _____ _____ _____		
5. I recommend the following accommodation(s). Please be as specific as possible. If recommending additional time, you must specify the amount of time recommended. A clear link must be made between the candidate's disability and how it is addressed by the accommodation(s): _____ _____ _____		
SECTION D - DECLARATION		
I confirm that the above information is accurate.		
Name: _____		Telephone: _____
Signature: _____		
Registration/License Number: _____		Date: _____

Directly forward the completed form to exam@ndhcb.ca and please email a copy to the exam candidate. When using fax, please send to 613-260-8511.