



**NATIONAL DENTAL HYGIENE CERTIFICATION BOARD EXAMINATION  
EXAMINATION APPEAL REQUEST FORM**

***Please TYPE or PRINT all information. Incomplete forms may result in delays.***

**A GENERAL 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 FEE PAYMENT INFORMATION**

**The Appeal Request Fee is \$112.00 + tax.** All fees are plus 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. Transfer or Withdrawal Requests will not be completed until payment is received.

- Credit Card Information below    Cheque enclosed    Money Order enclosed

\_\_\_\_\_  
CREDIT CARD NUMBER                      EXPIRATION DATE                      CVD

\_\_\_\_\_  
ADDRESS OF CARD HOLDER (Number, Street Name, City, Province, Postal Code)

\_\_\_\_\_  
NAME OF CARDHOLDER                      SIGNATURE

*Examination Appeal Request Form – 2022 v1*

75-B Colonnade Road, Ottawa, Ontario K2E 0A8  
Tel/Tél: (613) 260-8156 Fax/Télé.: (613) 260-8511  
Email: [exam@ndhcb.ca](mailto:exam@ndhcb.ca) Website: [www.ndhcb.ca](http://www.ndhcb.ca)

<b>C</b>	<b>SUPPORTING DOCUMENTATION</b>
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All appeals must include a formal letter outlining the reason for appeal and include any additional documentation to support the appeal.

A formal letter and any supporting documentation are included with this form.

<b>D</b>	<b>CONFIRMATION OF UNDERSTANDING</b>
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You are required to check and sign below.

A candidate may appeal their NDHCE result (fail or null) only on the basis of suspected irregularities in the examination process (prior, during or after the exam). An appeal on the basis of process must present evidence that the alleged irregularities materially affected the candidate's performance. **The existence of irregularities, in and of itself, is not sufficient to change the result of the examination.**

**The following are not grounds for appeal:**

- Because of alleged errors in content of the NDHCE or the data analysis that was conducted.
- The content of the examination and/or the details of the data analysis are not subject to review at the request of a candidate or group of candidates.

Appeals must be sent in writing (email or mail) accompanied by the appropriate administrative fee (see page 1 of this form). The appeal and fee must be received by the NDHCB within **30 calendar days** of the candidate's receipt of their examination result or rescore (if applicable).

The NDHCB will forward the appeal request and supporting documents to the NDHCB Board of Governors for its consideration. The Board of Governors will respond in writing to the candidate's appeal with its decision within 45 calendar days of receipt of the candidate's appeal letter.

I confirm that I understand the appeal process and that the existence of irregularities, and the submission of an appeal request does not guarantee to change the result of the examination.

\_\_\_\_\_  
SIGNATURE

**For NDHCB Use Only**

**Appeal Received date (DD/MM/YYYY):** \_\_\_\_\_

**Date Candidate received exam results (DD/MM/YYYY):** \_\_\_\_\_

**Fee charged for appeal – amount & date:** \_\_\_\_\_

**Date sent to Board of Governors (DD/MM/YYYY):** \_\_\_\_\_

**Date decision received (DD/MM/YYYY):** \_\_\_\_\_

**Decision sent to Candidate (date):** \_\_\_\_\_

**Other notes:**