



**NATIONAL DENTAL HYGIENE CERTIFICATION BOARD EXAMINATION
TRANSFER & WITHDRAWAL REQUEST FORM**

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

A GENERAL INFORMATION

1. CANDIDATE IDENTIFICATION NUMBER: _____ CURRENT EXAMINATION DATE REGISTERED FOR: _____

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

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

_____ (CITY) (PROVINCE) (POSTAL CODE)

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

B TRANSFER

I want to TRANSFER to the next exam administration (fee of \$56 + tax)

If you choose to transfer and are within the current deadline, you will be automatically transferred to the next exam administration and receive an email outlining how to register (at no cost) for the next exam. If you need to transfer to a future exam administration, please let us know here: _____.

If a transfer request is received **AFTER** the current deadline, it will be treated as a withdrawal, and you will be charged the appropriate withdrawal fee listed below. ONLY ONE transfer is allowed per candidate.

FEE PAYMENT INFORMATION – TRANSFER REQUESTS

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

Transfer & Withdrawal 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 Website: www.ndhcb.ca



CREDIT CARD NUMBER

EXPIRATION DATE

CVD

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

NAME OF CARDHOLDER

SIGNATURE

C	WITHDRAWAL
----------	-------------------

I want to WITHDRAWAL from the exam, and it is 21 business days or more prior to the exam (fee of \$115 +tax)

I want to WITHDRAWAL from the exam, and it is less than 21 business days prior to the exam (fee of \$230 +tax)

Please note for the Withdrawal option you will be refunded the difference between what you paid for the exam application and the fee + tax listed above.

The refund will be issued directly to the credit card the original payment was received from. You do not need to provide your credit card information again. Should you wish to challenge the exam in the future, you will need to pay the full exam application fee again.

For NDHCB Use Only

Request Received date (DD/MM/YYYY): _____

Fee charged for transfer – amount & date: _____

Refund issued for withdrawal – amount & date: _____

Status updated in Master Spreadsheet

Status update notice sent to Testing Agency

Formal Transfer/Withdrawal letter sent to candidate – date (DD/MM/YYYY): _____

Original Payment Details:

Additional Notes for File:

Transfer & Withdrawal 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 Website: www.ndhcb.ca