



FDHRC



FORHDC

NATIONAL DENTAL HYGIENE CERTIFICATION BOARD EXAMINATION CERTIFICATE REPRINT REQUEST FORM

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

A: GENERAL INFORMATION

CANDIDATE IDENTIFICATION		APPROXIMATE EXAMINATION
1. NUMBER :	_____	DATE (MM/YY) : _____
2. NAME*:	_____	
	(LAST NAME)	(FIRST NAME)
ADDRESS:	_____	
	(STREET)	(APT NO./PO BOX)

	(CITY)	(PROVINCE) (POSTAL CODE)
TELEPHONE:	_____	
	(MAIN)	(ALTERNATE)
		EMAIL: _____
		L: _____

***Please list your name as it was when you received your certificate. Should you wish to have your certificate printed in a new name, please see Section D below.**

B	FEE
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A certificate reprint is \$42.00 + 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. Reprint requests will not be completed until payment is received.

Credit Card Information Provided 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	

Certificate Reprint Request Form – 2022 v1



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C MAILING INFORMATION

Mailing address is the same as provided in Section A.

If the address to which you want the certificate mailed is different from that provided in Section A, please indicate it here:

ADDRESS:

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

_____ (CITY) (PROVINCE) (POSTAL CODE)

All reprints are sent via regular Canada Post without tracking information. Should you wish to receive your Certificate faster, you can select one of the shipping options below and pay the associated fee:

- Standard Canada Post (within Canada and International): \$0
- Express Post (within Canada): \$21.00 + tax
- Courier Fee (within Canada): \$42.00 + tax
- Courier Fee (International): \$127.00 + tax

(tax is equivalent to - 5% for AB, BC, SK, MB, QC and the Territories; 13% for ON, US and International; 15% for PE, NS, NB and NL)

D NAME CHANGE

Should you indicate that you would like to change your name on your certificate, and it is different than the name we have on file, we will require a copy of the document which shows your legal name change (i.e., Marriage certificate, divorce paper, legal name change papers).

E VERIFICATION OF IDENTITY

I have attached a scanned copy or photo of my photo identification. (Note: This must be a government-issued copy, i.e. passport, driver's licence, etc.)

For NDHCB Use Only
Request Received date (DD/MM/YYYY): _____
<input type="checkbox"/> Fee charged for request – amount & date: _____
<input type="checkbox"/> Candidate ID Number: _____
<input type="checkbox"/> Candidate Examination date: _____

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