



**NATIONAL DENTAL HYGIENE CERTIFICATION BOARD EXAMINATION
RESCORING REQUEST FORM FOR UNSUCCESSFUL CANDIDATES**

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

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 **Request for Manual Rescoring 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

Rescoring Request Form – 2022 v1

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

C STATEMENT OF AGREEMENT & CANDIDATE 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.

D CANDIDATE SIGNATURE

I request that the services on this form be completed

SIGNATURE

DATE

For NDHCB Use Only

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

Fee charged for Rescore – amount & date: _____

Date sent to Testing Agency (DD/MM/YYYY): _____

Date results received from Testing Agency (DD/MM/YYYY): _____

Status after rescoring: _____

Results sent to Candidate (date): _____

Other notes: