



**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@fdhrc.ca Website: www.ndhcb.ca

C	SUPPORTING DOCUMENTATION
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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.

D	CONFIRMATION OF UNDERSTANDING
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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: