



National Dental Hygiene Certification Examination (NDHCE) Testing Accommodation – Candidate Application Form

SECTION A - PERSONAL INFORMATION

Last Name		First Name	
Address			
City	Province	Postal Code	
Telephone	Email	Country	

SECTION B - ACCOMMODATION INFORMATION

The Federation of Dental Hygiene Regulators of Canada (FDHRC) will provide reasonable accommodation, as appropriate, to all candidates of the National Dental Hygiene Certification Exam (NDHCE) to ensure that they are not disadvantaged in the taking of the NDHCE as result of one or more grounds listed in the applicable provincial human rights legislation. Candidates are entitled to reasonable accommodation up to the point of undue hardship; they are not entitled to their preferred form of accommodation, nor to a perfect accommodation. Accommodation determinations are made on a case-by-case basis. For more information about the accommodation process, please refer to the FDHRC's Accommodation Policy & Procedure, available on the FDHRC's website.

SECTION C - ACCOMMODATION REQUEST

Please identify the ground(s) upon which you are seeking accommodation:

Disability (physical) Pregnancy/Maternity
 Creed Disability (cognitive) Other: _____

Please describe **how** your ability to complete the NDHCE is affected by your creed, disability, pregnancy/maternity or other ground(s) listed in the applicable provincial human rights legislation (you **do not** need to disclose diagnosis):

Please describe the accommodation(s) you are requesting, be as specific as possible (e.g. if you are requesting permission to use text-to-speech software, please specify the program(s) you are familiar with. If you are requesting a larger font, please specify the minimum font size. If you are requesting adaptive technology, software, or physical resources, please specify the items requested. If you are requesting additional writing time, please specify the exact amount of additional time you are requesting (e.g. 15 minutes). Unlimited time will not be granted).

Please submit supporting document(s) with this request: Where an accommodation is requested on the basis of a disability (including an illness, an injury, or a medical condition) or a pregnancy/maternity-related need, a candidate will be required to provide medical confirmation that the disability or pregnancy/maternity-related need exists, but will not be required to provide specific medical information, such as a diagnosis, where that information is not reasonably necessary to address the accommodation request. Where the accommodation request is based on another ground, appropriate documentation will be required. The FDHRC reserves the right to request further documentation, where reasonably necessary. Please indicate which of the following supporting documents the FDHRC can expect to receive:

For **disability or pregnancy/maternity**-related needs:

Form B1: Must be completed and **sent directly to exam@fdhrc.ca** by a qualified health care professional licensed to diagnose or confirm the diagnosis of your disability or pregnancy/maternity-related needs (dated within one (1) year);

OR

Supporting document from your school/institution **sent directly to exam@fdhrc.ca** describing specific accommodations granted (accessibility services) (dated within two (2) years).

For accommodation requests based on **other ground(s)**:

Supporting documentation that will be **sent directly to exam@fdhrc.ca**. This supporting documentation must confirm the existence of a need for accommodation **and** demonstrate how your ability to complete the NDHCE is affected by one or more grounds listed in the applicable provincial human rights legislation.



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SECTION D – DECLARATION

I, the candidate named on page 1 and named below, consent to the following:

- My information may be shared by the FDHRC with third parties in order to address my accommodation request (e.g. proctoring service providers); and,
- If I provide information from my school/institution, the FDHRC may seek clarification directly from the organization that provided the information.

The candidate named on page 1 and named below understands that the consents provided directly above may be rescinded or amended in writing at any time, but such rescission or amendment does not have retroactive effect and does not affect the FDHRC's ability to use the information, if necessary to meet its duties. I acknowledge that such rescission or amendment may impact the FDHRC's ability to provide an accommodation.

By signing below, I confirm that the information provided on this Form A1 is accurate and truthful to the best of my knowledge. I further agree that I will promptly inform the FDHRC if my accommodation needs change while I am a NDHCE candidate.

Printed Name: _____

Signature: _____

Date: _____

Directly forward the completed Form A1 to exam@fdhrc.ca. When using fax, please send to 613-260-8511.

If you have any questions or concerns with the content of Form A1, please send a detailed e-mail message to exam@fdhrc.ca.