

National Dental Hygiene Certification Examination (NDHCE) Testing Accommodation – Mental or Physical Disability

If you have a disability that may require testing accommodations when writing the National Dental Hygiene Certification Examination (NDHCE), please complete **Section A** on this form and forward this form to a regulated health professional who has known you for a period of time and has been involved in the treatment of your disability.

In **Section B**, the regulated health professional must describe the accommodations needed to mitigate the discriminatory effect of writing the exam in the usual method and/or environment, along with a rationale of the recommendation. **The regulated health professional is to send the completed form directly to the FDHRC.**

SECTION A - PERSONAL INFORMATION			(Completed by candidate)
Last Name	First Name		
Address			
City	Province	Postal Code	
Telephone	Email	Country	
SECTION B			(Completed by a regulated health professional)
1. I have known this candidate in my capacity as a (professional title): _____			
2. I verify that the candidate has a diagnosed disability (may include a DSM diagnosis): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please note: if the disability has not been diagnosed by a regulated health care professional who is qualified to make such a diagnosis, the candidate may not be granted accommodations. "Test anxiety" is not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.			
3. <input type="checkbox"/> The recognized diagnosis was provided by me.			
<input type="checkbox"/> The diagnosis was recognized by another qualified regulated health professional.			
4. The NDHCE is an online (live remoted proctoring) multiple choice exam over 4 hours (2 hours for part 1 / 5 min break / 2 hours for part 2). Describe how the disability impacts the person's ability to write the NDHCE in the usual method and/or environment, including functional limitations which prevent the candidate from writing the exam in the usual method and/or environment.			

5. I recommend the following accommodation(s). Please be as specific as possible. If recommending additional time, you must specify the amount of time recommended. A clear link must be made between the candidate's disability and how it is addressed by the accommodation(s):			

SECTION D - DECLARATION			
I confirm that the above information is accurate.			
Name: _____ Telephone: _____			
Signature: _____			
Registration/License Number: _____ Date: _____			

Directly forward the completed form to exam@fdhrc.ca and please email a copy to the exam candidate. When using fax, please send to 613-260-8511.