



## Canadian Performance Exam in Dental Hygiene Special Accommodation Application Form

The CPEDH recognizes that candidates with physical, cognitive or other special needs may require special accommodations when taking the exam. Applicants must complete this form in advance and prior to the exam application deadline as noted on the Exam Application Form. This form must be submitted along with the application form. Please submit details of any accommodations previously provided to you in any other exam, test or academic situation. All information collected on this application along with any supporting documentation will be treated confidentially and will not be shared with any source without your permission.

Requested accommodations are subject to the approval of the CPEDH. Written confirmation of granted requests for accommodations will be provided.

Contact Information			
Surname:		Given Names:	
Previous Surname(s):			
Home Address (Current/Actual)	Street:		Apt/Unit #:
	City:	Province:	Postal Code:
	Telephone:		Email:
Accommodation Information			
Date of exam for which accommodation is requested:		(MM/DD/YYYY)	
Nature of disability: _____			
Please describe accommodation(s) requested: _____			
Details of previous accommodations: _____			
Comments:			
Signature:		Date: (MM/DD/YYYY)	



## Canadian Performance Exam in Dental Hygiene Supporting Documentation for Accommodation Request

If you have a disability that requires an accommodation in taking the **Canadian Performance Exam in Dental Hygiene**, this section must be completed by an appropriate professional (e.g., physician, psychologist, rehabilitation counsellor, special educator, or other professional) to certify that your condition requires the requested test accommodations.

**Forms not completed by an appropriate professional will not be accepted.**

### Applicant Information

Surname:		Given Names:	
Previous Surname(s):			
<b>Home Address</b> (Current/Actual)	Street:		Apt/Unit #:
	City:	Province:	Postal Code:
	Telephone:		Email:

### Professional's Information

Title:			
Surname:		Given Names:	
<b>Business Address</b>	Street:		Apt/Unit #:
	City:	Province:	Postal Code:
	Telephone:		Email:

### Declaration of Need for Accommodations

I have known	(NAME OF APPLICANT)	since	(MM/DD/YYYY)
In my capacity as a	(PROFESSIONAL TITLE)		
Because of the nature of the candidate's disability	(DESCRIPTION OF THE CANDIDATE'S DISABILITY)		
It is my professional opinion, that the candidate should be accommodated by providing			
(DESCRIPTION OF ACCOMMODATION)			
Signature:	Date:		(MM/DD/YYYY)