



COLLEGE OF
DENTURISTS
OF ONTARIO

Qualifying Examination Accommodation Request Form

Prior to completing this form, please review the [Qualifying Examination Accommodation Policy](#)

Contact Information

Last Name

First Name

Street Address

City

Province/State

Postal/ZIP Code

Country

E-mail

Phone #

Exam Date (MM/YYYY)

Educational Institution

Accommodation Requested

Please explain your request in detail:



Accommodation Requested (continued)

1. Which Qualifying Examination components are you requesting accommodation for?

- MCQ (Written)
- OSCE (Clinical)
- Both

2. Did you receive the above requested accommodation during your education?

- Yes
- No

3. Have you requested Qualifying Examination accommodation with the College of Denturists of Ontario before?

- Yes
- No

Supporting Documentation Checklist

If you received accommodation during your education:

- REQUIRED:** I have attached all relevant letters or reports (e.g. accommodation plans) from my educational institution that verifies that an accommodation was provided during my academic studies.
- Not Applicable**

If you are requesting accommodation based specifically on medical grounds:

- REQUIRED:** I have attached current and verifiable documentation from a qualified medical or health care professional (e.g. physician, psychologist, counsellor, etc.) that explains the specific need and rationale for the accommodation. (Note: Candidates who have previously requested Qualifying Examination accommodation with the College of Denturists of Ontario may be required to submit updated verifiable documentation upon request.)
- REQUIRED:** I have attached a completed and signed Consent for Release of Personal Health Information Form.
- Not Applicable**

Candidate Signature

Date

Please return this form to the College by email to exams@denturists-cdo.com by no later than the [Qualifying Examination Registration Deadline](#).