



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

### Accommodations Requested

Please explain your request in detail:



### Accommodations Requested (continued)

1. Which examination components are you requesting accommodations for?

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

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

- Yes – *please attach all relevant accommodation plans, letters, and/or reports related to accommodations received during your education.*
- No

3. Have you requested examination accommodation(s) with the College of Denturists of Ontario before?

- Yes
- No

### Supporting Documentation Checklist

**REQUIRED:** I have attached **current** verifiable medical documentation from a qualified medical professional (e.g., physician, psychologist, rehabilitation counsellor, etc.) that explains the specific need for the above accommodation(s) and a rationale as to why these are needed for the Qualifying Examination. (Note: Candidates who have previously requested examination accommodation with the College of Denturists of Ontario may be required to submit updated verifiable medical documentation upon request.)

**REQUIRED:** I have attached a completed and signed Consent for Release of Personal Health Information Form.

**If you received accommodation during your education:** I have attached all relevant accommodation plans, letters and/or reports related to accommodations received during my education.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

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