



Qualifying Examination Registration Form

This form can be filled out **electronically** or by hand.

Section 1: Candidate Information

1.a) Current Legal Name

Salutation: Ms. Mrs. Mr.

First Name:

Middle Name(s):

Last Name:

1.b) Date of Birth

(mm/dd/yyyy)

1.c) Sex

Female

Male

Unspecified

1.d) Candidate No.

(if previously assigned)

1.e) Home Address

Address:

Unit/Suite:

City:

Province:

Postal Code:

Country:

Email:

Phone:

Mobile:

Section 2: Qualifying Examination Session

2.a) Examination Fee

Parts I & II - \$4,520.00 (\$4,000 + HST)

Part I - \$904.00 (\$800 + HST)

Part II - \$3,616.00 (\$3,200 + HST)

2.b) Attempt No.

Parts I & II: 1st 2nd 3rd

Part 1: 2nd 3rd

Part II: 2nd 3rd

2.c) Examination Payment

Method of Payment: Certified Cheque/Money Order made payable to the College of Denturists of Ontario
Credit Card-Visa/MasterCard

If you are paying by Credit Card, please use [FORM A3](#) - "Credit Card Payment Form"

Section 3: Accommodation Request

I do **not** require special examination accommodation.

I require special examination accommodation and have read the [Special Needs Accommodation](#) Policy. Those requesting accommodation will be asked to provide supporting documentation. Please attach to this application all relevant information detailing the accommodation request. **Any requests for accommodation must be submitted along with this application.**

Section 4: Declarations and Signature

I

Candidate's Name (Please Print)

Understand that if I require special accommodation for the examination that I am required to submit my request to the Registrar for accommodation with this application.

Understand that I am required to attend a mandatory online candidate orientation session prior to the examination and agree to attend that session.

Understand that giving or receiving assistance in answering test items during the examination, access to test items before or after the examination, reproduction of examination content in any manner, and/or disclosure of test items to others is sufficient cause for the College to terminate my participation in the examination and invalidate my examination results for that session.

Agree to conduct myself in a professional manner when interacting with the College and examination staff before, during, and after the examination.

If any document giving the results of my examination has been issued otherwise in error, I understand that the document is invalid and that I will return such document to the College forthwith, on demand.

Understand that examination results are given on a pass/fail basis only.

Understand that, with exceptions outlined in the QE Refund Policy, the examination fee accompanying this application is non-refundable.

Declare that the information contained in this form is accurate and true.

Signature

Date (mm/dd/yyyy)

Section 5: Form Submission

The completed form and payment can be submitted to the CDO by one of the following methods:

By Email: exams@denturists-cdo.com
Subject Line: Qualifying Examination

By Fax: 416-925-6332
Attn: Qualifying Examination

By Mail:
Attn: Qualifying Examination
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

All examination payments received by the CDO are processed after the exam registration deadline.