



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 Examinations.

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.

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 by no later than the [Qualifying Examination Registration Deadline](#).