

## National Board Dental Examination National Board Dental Hygiene Examination Testing Accommodation Request

The JCNDE provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation.

The Americans with Disabilities Act defines a person with a disability as an individual with a physical or mental impairment that substantially limits one or more major life activities.

Problems such as English as a second language, test anxiety or slow reading without an identified underlying physical or mental deficit, or failure to achieve a desired outcome are not learning disabilities and are generally not covered by the Americans with Disabilities Act.

Testing accommodations may be provided to a candidate with a qualified disability to offer equal access to testing.

### Request for Testing Accommodations and Appropriate Documentation

The following information will assist the candidate in submitting the appropriate documentation to support the testing accommodation request. The documentation will assist the JCNDE in determining whether the individual qualifies for accommodations under the Americans with Disabilities Act.

The JCNDE requires a complete evaluation of the candidate as well as the completed and signed Testing Accommodation Request Form available at [www.ADA.org](http://www.ADA.org). A licensed professional appropriately qualified for evaluating the disability must conduct the evaluation.

If you have a documented disability recognized under the Americans with Disabilities Act and require testing accommodations, you must:

1. Check the box that indicates you are requesting testing accommodations at the time you submit your NB application and **prior to scheduling a testing appointment**. You must submit an application to test, the testing accommodation request form, and the supporting documentation. The process is not complete until you have submitted all three components. You can schedule a testing appointment after your testing accommodation request has been approved. Testing accommodations cannot be added to a previously scheduled testing appointment. If you schedule your testing appointment before the approval of testing accommodations you will be required to cancel the appointment and pay a reschedule fee.
2. Submit the following documents to [nbexams@ada.org](mailto:nbexams@ada.org):
  - a. Testing Accommodation Request Form, signed and dated, describing the disability, and the need for accommodations. Accommodations should align with the identified functional limitation so that the adjustment to the testing procedure is applicable to the identified impairment. A functional limitation is defined as the behavioral manifestation of the disability that impedes the individual's ability to function.
  - b. Current evaluation report (within the past five years) from the appropriate licensed professional. The document (must be on official letterhead/stationary) should include the professional's credentials, signature, address, and telephone number. The report must indicate the candidate's name, date of birth, and date of evaluation. The report should include:

- The specific **diagnostic procedures or tests** administered. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol.
  - The **results** of the diagnostic procedures and/or tests and a comprehensive interpretation of the results.
  - The specific **diagnosis of the disability**, with an accompanying description of the candidate's limitations due to the disability.
  - A summary of the complete evaluation with **recommendations for the specific accommodations** and how they will reduce the impact of identified functional limitation.
- c. Documentation of any previous accommodations provided by educational institutions or other testing agencies. If no prior accommodations were provided, the licensed professional should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

### **Unacceptable Forms of Documentation for Requests for Accommodation**

Please do not submit the following documents. The JCNDE will not accept them.

1. Handwritten letters from licensed professionals.
2. Handwritten patient records or notes from patient charts.
3. Diagnoses on prescription pads.
4. Self-evaluations found on the Internet or in any print publication.
5. Research articles.
6. Original evaluation documents; please submit copies of the original documents.
7. Previous correspondence from the JCNDE. We maintain copies of all correspondence.
8. Correspondence from educational institutions or testing agencies not directly addressed to the JCNDE.

**National Board Dental Examination  
National Board Dental Hygiene Examination  
Testing Accommodation Request**

Please return this signed form and supportive documentation by e-mail to [nbexams@ada.org](mailto:nbexams@ada.org). Upon receipt, the JCNDE will review your request and notify you in writing of the decision.

<b>Personal Information</b>		
First Name	Middle Name	Last Name
Street Address		
City		Daytime Telephone Number
State	<b>DENTPIN®</b>	
Zip Code		

<b>Accommodation History</b>	
Indicate any previous accommodations you received and the corresponding dates.	
<b>Standardized Examination</b>	<b>Educational Institution</b>
Name of Test:	Name of Educational Institution:
Date(s):	Date(s):
Specific accommodation received:	Specific accommodation received:
Other:	Other:

<b>Nature of Disability</b>	
Circle or highlight the disabling condition and indicate the year of diagnosis.	
<b>Disability</b>	<b>Year of Diagnosis</b>
<b>Language Impairments</b>	
Expressive Language Disorder	
Receptive Expressive Language Disorder	
Receptive Language Disorder	
<b>Learning Impairments</b>	
Mathematics Disability	
Reading Disability	
Writing Disability	
<b>Medical Impairments</b>	
Diabetes	
Other	
<b>Mental Health Impairments</b>	
Attention Deficit Disorder	
Attention Deficit Hyperactivity Disorder	
General Anxiety Disorder	
<b>Sensory Impairments</b>	
Hearing Disability	
Visual Disability	
<b>Other</b>	

**Requested Accommodation**

Indicate the specific accommodation you are requesting; accommodation must be applicable to the disability.

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**Authorization**

I, the undersigned, certify that the information I have provided is correct. I give permission to the Joint Commission on National Dental Examinations to contact the licensed professional (who diagnosed my disability) and/or the educational institution (that granted me previous testing accommodation) for additional information or clarification as needed. I authorize such professionals and educational institutions to provide the JCNDE with such clarification and/or further information as needed.

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_