

## **The Commission on Dental Competency Assessments**

### **Request for Special Scheduling Accommodations**

#### **Instructions:**

- **A. Application Submission Deadline:** this application should be completed prior or by the final published application deadline for the examination that you are requesting accommodation for.
- **B. Who Should File the Application**: Candidates seeking accommodation due to religious conflicts should complete this application. If applying for an accommodation based on a physical or learning disability, **do not complete this application** but follow the instructions for this in the candidate registration manual.
- **C. Documentation Needed:** Requests must be supported by documentation certifying the accuracy of the request. A letter from the priest, rabbi or cleric of the church or religious group of which you are a member in good standing must accompany the application and be on official stationary. The letter should explain the nature of the religious conflict.
- **D. Review:** Review of a request for test accommodations will be deferred until all necessary documentation is submitted.
- E. Please type or print all information on the application. Do not leave sections blank.
- **F. Attach Documentation:** Attach documentation to the email with a complete application.
- G. Application Submission: Please email your application to director@cdcaexams.org

For all testing arrangement requests, you must email <u>director@cdcaexams.org</u> for your request to be considered. Candidates are free to suggest any sort of accommodation, however, the CDCA will make the final decision for each case based on examiners assignment and exam facilities schedule. *The CDCA will not create a new examination based on your request. We will do our best to accommodate you at an existent exam date/location that will not conflict with your religious beliefs.* 

## **Request for Special Scheduling Accommodations**

# Section I: Personal Data Name: \_\_\_\_\_ a. First Middle Initial Address: \_\_\_\_ b. Address City State/Province Zip Code **Contact Information** c. **Email:** \_\_\_\_\_\_ Section 2: Examination for Which Accommodation Is Requested Name of the Examination (check all those that pertain and identify by name: a. (1) Dental CIF or Traditional Licensure Examination (a) Prosthodontics Examination (b) Endodontics Examination (c) Restorative Examination (d) Periodontics Examination (2) Dental Hygiene Licensure Examination (a) Patient Treatment Examination (3) Other (specify) b. Month/Day/Year of Examination: c. Site of Examination: Section 3: Nature of The Request (attach a separate sheet if needed) \*Important: The CDCA will not create a new examination based on your request. We will do our best to accommodate you at an existent exam date at a different location that will not conflict with your religious beliefs. If you already know the location that will work for you, please enter the information below: **Religious Conflict** Require an alternate date Requested alternate date/location: ☐ Other If other, explain: \_\_\_\_\_

Section 4: Describe the religious conflict you have with the examination in detail.
Section 5: Attach a letter from your priest, rabbi or cleric on his/her official stationary attesting that you are a member in good standing of the church or religious group and documenting the religious conflict in detail.
Section 6: Certification/Authorization:
I certify that the above information is true and accurate. If test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.
Signature: Date: