



Testing Accommodation Application Form

The Dental Aptitude Test Program seeks to provide accommodation for candidates with medically verified disabilities indicating such a need. Candidates who request testing accommodation must provide documentation from a licensed Qualified Professional that outlines the nature of the medical condition and the nature of the accommodation recommended. A Qualified Professional is a person who is authorized to make and communicate diagnoses in the jurisdiction where the service was provided. Reasonable accommodation may be granted to ensure that every DAT candidate has the opportunity to be tested in an equitable manner with other candidates, but not to provide any candidate with an unfair advantage.

Accommodation requests are considered on a case-by-case basis according to the following three factors:

1. The needs of the applicant.
2. The preservation of the integrity of the examination.
3. The ability of the CDA and the test centres to provide the necessary accommodation.

To apply for Testing Accommodation:

1. Register for the DAT online at www.cda-adc.ca/dat. During the registration process, indicate you will be applying for testing accommodation when prompted.
2. After submitting the registration form and providing payment, complete the application form below.
3. Provide the completed form and supporting documentation, as indicated on the form, to the DAT Office.

Your DAT registration will not be processed until the form and supporting documentation are received. Please note that not all disorders or conditions require testing accommodations. A determination regarding the need for accommodations on the DAT exam is based on a comprehensive review of all available documentation, including an indication of a diagnosis, evidence of current impairment and associated functional limitations.

Within a few business days of the receipt of the requested documentation, CDA will send you an Eligibility Email confirming whether your accommodation request was granted and the exact accommodation(s) that can be provided. It will also provide instructions for booking a testing appointment. When booking the testing appointment at www.prometric.com, after you enter the booking credentials provided in the Eligibility Email, you will see the testing accommodation(s) has been applied.

Documentation requirements

Attach to the application one or more certificates from a Qualified Professional. A Qualified Professional is a person who is authorized to make and communicate diagnoses in the jurisdiction where the service was provided and has expertise related to the disability for which Testing Accommodation are being requested.

Documentation must include:

- Qualified Professional's full name.
- Professional credentials including license/registration number.
- Jurisdiction of licensure/registration.
- Contact information: mailing address, email address and phone number.

Documentation should include:

- General nature of the medical condition.
- Confirmation that the medical condition would not adversely affect the applicant's ability to learn and practice dentistry competently and safely.
- An estimate by the medical practitioner of the accommodations required.

The following are NOT acceptable forms of documentation:

- Handwritten letters from licensed professionals.
- Handwritten patient records or notes from patient charts.
- Diagnoses on prescription pads.
- Self-evaluations found on the Internet or in any print publication.
- Research articles.
- Original evaluation documents; please submit copies of the original documents

How to Submit this form and supporting documentation

Do not email this form or documentation to the DAT program—regular email is not secure for this type of personal information. Assemble this completed form and documentation into files and upload to this link: www.cda-adc.ca/dat_taed_support.

Following this process will properly identify the documentation to CDA, and will be transmitted securely.

Privacy and confidentiality

This form and any supporting documentation:

- Is used only for the purpose of evaluating the applicant's request for testing accommodation.
- Will be destroyed within six months of the applicant having received DAT scores.
- If the applicant does not complete the writing of the DAT, the documentation will be destroyed within six months of the expiry of the applicant's testing window.



Testing Accommodation Application Form

To be completed by the applicant

Applicant Name: _____

Applicant Birth Date: _____ Phone number: (____) _____

Registration Payment Reference Number: _____

1. What is the nature of the medical condition/disability?

2. Is the medical condition/disability considered permanent? Yes No

3. Has the applicant been advised by a physician or medical practitioner that the medical condition will not adversely affect the applicant's ability to learn and practice dentistry in a safe and efficient manner?
 Yes No

4. Has the applicant received accommodation for a previous attempt of the DAT in Canada? Yes No
If YES, and if the medical condition/disability is permanent, the DAT program only needs this completed form for the granting of the same accommodation as previously granted.

5. Has the applicant received previous accommodation while in university/college? Yes No

6. If YES, what type of accommodation(s) has been granted? Attach documentation of the accommodation being granted.

7. If NO, explain why accommodation is being requested at this time.

Authorization

I, the undersigned, certify that the information I have provided is correct. I give permission to the DAT Program to contact the licensed professional who diagnosed my disability for additional information or clarification as needed. I authorize such professionals and educational institutions to provide the DAT Program with such clarification and further information as needed, including the disclosure to CDA of personal health information for the purpose of evaluating this request for testing accommodation.

Applicant Signature: _____ Date: _____