



## Dental Aptitude Test Special Accommodation Application Form

The Dental Aptitude Test will be administered under special conditions for those applicants with medically verified disabilities indicating such a need. Disabled applicants requesting special accommodation must provide current documentation from a licensed medical professional outlining the nature of the medical condition and the extent of the accommodation required. Reasonable accommodations may be granted to ensure that every DAT candidate has the opportunity to test on a level field with other candidates, but not to provide any candidate with an unfair advantage over other candidates.

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 Special Accommodation, first register for the DAT at the Test Centre of your choice (register online at [www.cda-adc.ca/dat](http://www.cda-adc.ca/dat)). Once registered, submit the completed application form with supporting documentation by the Special Accommodation/Sabbath deadline to the DAT Office. The deadline dates are:

- September 15 for the November DAT
- January 15 for the February DAT

Upon receipt of the application, the DAT office will advise the applicant of the status of the application shortly before the test date.



CANADIAN  
DENTAL  
ASSOCIATION

# Dental Aptitude Test Special Accommodation Application Form

The Dental Aptitude Test will be administered under special conditions for those applicants with verified medical conditions. Candidates may have to travel to a test centre that is able to provide the needed facilities for the accommodation. This application and the supporting documentation must be received by September 15 for the November DAT, and by January 15 for the February DAT.

Applicant Name: \_\_\_\_\_

Applicant Birth Date: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Test Centre: \_\_\_\_\_ Exam Date: Year \_\_\_\_\_ Nov. Feb.

1. What is the nature of the medical condition and its effect on the applicant's ability to participate in the DAT exam?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

a. If YES, what type of accommodation(s) has been granted?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

3. What accommodation(s) or arrangements does the applicant require?

\_\_\_\_\_  
\_\_\_\_\_

4. 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

5. Attach to the application one or more certificates from a qualified medical professional containing:

- 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.



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The Canadian Dental Association reserves the right to seek clarification from the applicant or the medical practitioner regarding the accommodation.

## Authorization

I, the undersigned, certify that the information I have provided is correct. I give permission to the Canadian Dental Association (CDA) to contact the licensed professional (who provided information regarding my medical condition) 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 CDA with such clarification and/or further information as needed.

Applicant Signature: \_\_\_\_\_ Date (yyyy-mm-dd): \_\_\_\_\_

Email your application to the DAT Coordinator at [dat@cda-adc.ca](mailto:dat@cda-adc.ca)