



REQUEST FOR ADMINISTRATIVE RECONSIDERATION FORM

To be Completed by the Candidate

First Name		Last Name	
Email Address			
Daytime Phone	Can detailed messages be left?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assessment(s)	<input type="checkbox"/> KBA	<input type="checkbox"/> PBA	
Assessment Date(s)	Assessment Location (City, Province):		
Candidate place of Residence	Address:		Unit#:
	City:		State/Province:
	Postal Code/Zip Code:		
	Country:		
Ground for Request	<input type="checkbox"/> Illness <i>Attach medical documentation as described in the Administrative Reconsideration Policy</i>	<input type="checkbox"/> Personal Emergency <i>Attach relevant documentation as described in the Administrative Reconsideration Policy</i>	<input type="checkbox"/> Procedural Irregularity <i>Attach relevant documentation as described in the Administrative Reconsideration Policy</i>
	<p><i>In this section, please outline the grounds of your request your attendance or performance on examination day were impacted. You must provide sufficient information to confirm the grounds for appeal. CADTR uses this information solely for the purpose of addressing the request for the assessment(s). If you are requesting reconsideration on the grounds of illness or personal emergency, you are not required to provide sensitive personal information about your situation or specific diagnosis; you are instead required to attach documentation in support of your appeal as outlined in the Administrative Reconsideration Policy.</i></p>		

REQUIREMENTS FOR SUPPORTING DOCUMENTATION

To assess a Candidate's Request for Administrative Reconsideration, CADTR may require, obtain, or request additional documentation including, but not limited to, medical documentation, on-site incident report(s), incident log(s), score report(s), and test administration software metadata. The Appeals and Accommodations Committee will also consider the results of previous similar requests.

Medical documentation in the form of a registered professional's report must outline the nature of the relevant condition(s) and the extent to which the condition(s) would have impaired the Candidate's performance on the examination. The report must include the Candidate's name and the date of the report/assessment, as well as the following information about the registered professional providing the



report/assessment: full name, profession, name of the professional's regulatory body, license/registration number, office/organization name, mailing address, daytime phone number, and professional stamp.

CADTR takes proactive measures to ensure that the Candidate's request, subsequent investigation, and decision do not result in any discriminatory actions against the Candidate.

By signing below, I, _____ confirm that the information provided in this document is true and consent to the Canadian Alliance of Dental Technology Regulators' collecting, using, and disclosing my personal information to process this request. If providing supporting documentation from a registered professional, I authorize the physician and or other registered professional to provide the requested information relating to my illness or personal emergency reasonably necessary to the review of this request for reconsideration.

Signature

Date

