

Accommodation Request Form

Candidates requiring special accommodation must complete and submit this form **at least 60 days before the assessment date**. A separate form is required for each assessment. Select the assessment for which you are requesting accommodations and submit the completed form and accompanying documentation to CAS@cadtr-acortd.com in the time frame noted above.

Knowledge-Based Assessment (KBA)

Performance-Based Assessment (PBA)

Section 1 To be filled out by Candidate

Family Name: _____ Given Name: _____

Email address: _____ Phone #: _____

Assessment Date: _____ Assessment Location: _____

Accommodation Information

Medical Accommodation

Have you previously received an accommodation from CADTR? YES NO

If YES, please provide the date accommodation received: _____

I understand that I must provide supporting documentation as outlined below, and additional documentation may be requested depending on the nature of the request.

Documentation for Medical Accommodations:

- The **qualified health care professional** must complete **section 2 Health Care Provider information** of this accommodation request form and provide any additional supporting documentation related to this request.

Release of Information

- I confirm that the information I provide to CADTR is true and correct.
- I authorize CADTR to contact any qualified health care professional who submitted supporting documentation for my accommodation.
- I authorize _____ to supply written information to
(Name of qualified health care professional)

CADTR, regarding my ability to function; any limitations or restrictions on my ability to participate in the Dental Technology Entry to Practice Assessment (DTEPA); and any devices, equipment, or accommodations I require.

Signature: _____ Date: _____

Assessment Information

Dental Technology Entry to Practice Assessment (DTETPA)

CADTR is the organization responsible for establishing and maintaining a national standard of competence for Dental technologists in Canada. CADTR administers licensing examinations, see below for the format of the two assessments, and check out the webpage <https://cadtr-acortd.com/competency-assessment/> for more details and dates.

The two components of the DTETPA are:

1. Knowledge-Based Assessment (KBA)

This is a virtually proctored computer-based assessment comprising 150-180 multiple choice, multiple select and image-based questions, taking no more than four hours to complete. See [KBA Assessment Handbook](#) for more details.

Virtually Proctored KBA:

- allows participants to take the KBA at a location of their choosing
- monitored from start to finish by a real human and the entire session is recorded.

2. Performance-Based Assessment (PBA)

The Performance-Based Assessment will consist of 8-12 stations to assess technical and non-technical skills, taking no more than four hours to complete. See [PBA Assessment Handbook](#) for more details.

PBA stations:

- simulates professional practice and set-up “like you’re in a lab”
- requires participants to demonstrate the entry to practice skills

The accommodation requested cannot modify the nature and level of the competencies being assessed or represent a fundamental alteration of the DTETPA.

Resources:

[Accommodation Policy](#)

Instructions

CADTR requires that **section 2 of the Accommodation Request Form** be completed by a qualified health care professional who is a specialist in the field related to the candidate's condition. Only health information related to the accommodation request should be included. The completed form and any additional supporting documentation must be sent directly to cas@cadtr-acortd.com by candidate or their qualified health care professional.

Section 2 To be filled out by the Qualified Health Care Professional

Title: _____ Family Name: _____ Given Name: _____

Address: _____ Email address: _____

Phone number: _____

Diagnosis and Treatment Information

Official Diagnosis:

Is the candidate fit to participate in a test?	Yes	No
Is this candidate fit to practice dental technology?	Yes	No

Brief description of diagnosis:

Date of last visit with the candidate:

Describe how this diagnosis may impact the candidate's ability to perform under normal testing conditions:

Based on your knowledge of the candidate's condition, indicate the accommodation required.

I certify that the information provided by me on this form and any attachments hereto is true and correct to the best of my knowledge.

License/Certification number: _____
Signature: _____ DATE: _____