

Assessment of Clinical Skills

Appeal Submission Form

A written appeal submission must be emailed to appeals@ndeb-bned.ca within three months of the release of results. Submissions must be in PDF format and must include this form, the grade(s) that you want to appeal, and a detailed outline explaining why you want the grade(s) changed.

NDEB ID Number _____

Given Name _____

Family Name _____

Assessment Date _____

(month/year)

Requirement(s) under appeal (Select one or more requirements under appeal)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Class II amalgam preparation |
| <input type="checkbox"/> | Class III composite resin preparation |
| <input type="checkbox"/> | Full metal crown preparation |
| <input type="checkbox"/> | Metal-ceramic crown preparation for an anterior tooth |
| <input type="checkbox"/> | Endodontic access preparation |
| <input type="checkbox"/> | Class II composite resin restoration |
| <input type="checkbox"/> | Class IV composite resin restoration |
| <input type="checkbox"/> | Class II amalgam restoration |
| <input type="checkbox"/> | Provisional crown restoration |
| <input type="checkbox"/> | Rubber dam application |
| <input type="checkbox"/> | Record keeping |
| <input type="checkbox"/> | Infection control |

A participant's written submission can include photographs taken during typodont viewing (participants are not required to view your typodonts in person to submit an appeal) and/or scholarly sources. If personal identifying information, such as name, gender, or country of origin is included in the submission, it will be removed by the NDEB staff before the submission is reviewed by the Appeals Committee and will not be taken into consideration

Participant's Signature _____

Date _____

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