



Request for Accommodation

To be completed by the candidate

| | | | |
|---|--|--|--|
| First name | | Last name | |
| Email | | | |
| Telephone | | Can detailed messages be left? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exam | <input type="checkbox"/> TCM Practitioners Exam | <input type="checkbox"/> Acupuncturists Exam | <input type="checkbox"/> TCM Herbalists Exam |
| Date of exam | | Exam location (City, Province) | |
| Provincial regulatory body | <input type="checkbox"/> College and Association of Acupuncturists of Alberta <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario <input type="checkbox"/> Ordre des acupuncteurs du Québec | | |
| Description of grounds for accommodation | <input type="checkbox"/> Disability due to a Cognitive and/or Psychological Condition <input type="checkbox"/> Disability due to a Physical and/or Medical Condition <input type="checkbox"/> Pregnancy- or Maternity-Related Need <input type="checkbox"/> Temporary Physical Impairment or Condition <input type="checkbox"/> Creed (including Religious Observance) <input type="checkbox"/> Family Status <input type="checkbox"/> Other: | | |

Please include any additional details related to the selected ground(s) in the space provided below. You must provide sufficient information to confirm the existence of a need for accommodation and the type(s) of accommodation requested.

NOTE: CARB-TCMPA uses the information solely for the purpose of addressing the accommodation request for the credentialing examination(s) and reasonably related purposes.

If you are requesting accommodation related to a disability, an illness, an injury, a medical condition, or a pregnancy- or maternity-related need, you will be required to provide medical information reasonably necessary to the provision of an accommodation. You may voluntarily provide more detailed information about your situation, including a specific diagnosis, if you feel comfortable doing so.

Description of accommodation requested

In this section, please describe any specific accommodation(s) you are requesting. Be as specific as possible. For example, if you are requesting examination materials in an alternative format, specify the type of alternative format requested. If you are requesting any adaptive technology/software or other physical resources, specify the resources requested. If you are requesting additional writing time to complete the exam, indicate the amount of additional time you are requesting.

By signing below, I, _____, confirm that the information provided in this document is true and consent to the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists' collecting, using, and disclosing my personal information for the purpose of processing this request. I authorize the physician, or other regulated health care professional, who has completed the Verification section of this form to provide the requested personal health information relating to my condition (disability, medical condition, pregnancy-related need, or maternity-related need).

Signature

Date

Requirements for supporting documentation

If you are requesting accommodation related to a disability, an illness, an injury, a medical condition, or a pregnancy- or maternity-related need, you are required to provide, in support of this request, a completed "Verification of Candidate's Condition" form (completed in part by candidates and part by a health professional).

If you are requesting additional writing time to complete the examination due to a cognitive condition, a psychological or psycho-educational assessment report is required. A psychological and/or psycho-educational assessment report should identify issues impacting the candidate's development, functioning, severity of condition, and current treatment. This report should explain how the candidate is impacted by the disability and how the candidate's functional limitations are caused by the diagnosed impairment, in order to provide a measurable basis to justify the recommendation for additional writing time. All recommendations for additional writing time must indicate exactly how much additional writing time is requested and must relate to the format of the examinations.

Proof of prior accommodation is not a guarantee that the same accommodation will be provided to write the examination(s), as all requests are assessed on a case-by-case basis with reference to the specific conditions and requirements of the licensing examinations. However, information regarding any prior accommodation you have received for a similar disability from another organization or institution may assist the Appeals and Accommodations Committee in determining the most appropriate accommodation.