

## ACCOMMODATION REQUEST VERIFICATION FORM TO BE COMPLETED BY A QUALIFIED HEALTH CARE PRACTITIONER

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### Applicant Information:

Last Name	First Name	Second Name	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
			Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
Street No and Name		City/Town/Village		
Province/State	Postal/Zip Code	Country	Area Code	Telephone (home)
Email address		Birthdate (yyyy/mm/dd)	Area Code	Telephone (work)
CMTBC Application Number				Gender

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### Health Care Practitioner Information:

Name

Title

Qualifications *(Please identify your qualifications/expertise to provide a diagnosis of a disability and a medical opinion on the need for accommodation)*

Street No and Name		City/Town/Village		
Province/State	Postal/Zip Code	Country	Area Code	Telephone (home)

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## Disability Assessment and Evaluation:

*Please identify the specific nature of the disability, including a medical diagnosis and the duration of the disability:*

*Please indicate the last date of treatment or consultation with the applicant:*

*Please identify specific diagnostic data supporting the diagnosis, including any professional recognized tests/assessments taken by the applicant, the resulting scores and interpretation of results. Please provide copies of supporting documentation with this form.*

*Please explain the aspect of the disability which requires testing accommodation, and the effect on the disability of the candidate's ability to perform under standard testing conditions.*

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## CMTBC Registration Examinations:

The College of Massage Therapists of British Columbia's Registration Examination consists of:

- a multiple-choice online examination
- an online course and multiple-choice examination
- a performance-based assessment

The a multiple-choice online examination is (4 hours) at an exam centre . The online course in Law, Ethics and Professionalism is self-paced and must be completed within eight weeks of beginning. An online multiple-choice examination (1.5 hours) is scheduled when the course is successfully completed. It is administered on a computer. The performance-based assessment (practical exam) consists of three parts and takes two hours to complete:

- Palpation section
- Interview and assessment (case scenario)
- Treatment and home care

*Please provide your medical opinion on the applicant's ability to complete CMTBC's registration examination.*

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## Accommodation Recommendations:

*Based on your knowledge of this applicant's disability, please provide recommended accommodations for each part of the Registration Examinations. Please describe how the recommended accommodations relate to the applicant's disability.*

Multiple-choice online examination:

Online course and online multiple-choice examination:

Performance-based assessment:

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## Applicant's Ability to Practice:

*Please provide your medical opinion on the effect of the disability on the applicant's ability to practice the profession of massage therapy.*

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## Acknowledgement:

To the best of my knowledge the above information is complete and accurate:

Signature

Date

Address

Phone Number

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## Submit Information to:

*Please submit this form directly to the College of Massage Therapists of BC at:*

Address

**CMTBC**  
#560 – 1285 West Broadway  
Vancouver, BC Canada | V6H 3X8

Email

[applicant@cmtbc.ca](mailto:applicant@cmtbc.ca)

Fax

(604) 736 6500

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