CTCMA

JURISPRUDENCE & SAFETY EXAMINATION ACCOMMODATION FOR SPECIAL NEEDS

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

CANDIDATE APPLICATION FORM

The information requested and any documentation regarding your disability and need for accommodation in taking the registration examination will be treated confidentially and will not be shared with any outside source, other the testing agency and the examination invigilator. Requested accommodations are subject to the approval of the College.

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)

Date of Birth	MM	DD	YYYY	Gender ❑ Male ❑ Female	Registration/Application No.

EXAMINATION

Jurisprudence Examination   Safety Examination

Intended Examination Write Date *(MM/DD/YYYY)*: ___________________________________

ACCOMMODATION(S) FOR SPECIAL NEEDS REQUESTED

Check all that apply:

- ❑ Separate Room
- ❑ Reader
- ❑ Recorder
- ❑ Additional Time
  Specify additional number of minutes needed: ____________________________________
- ❑ Other:
  ____
  ____
- ❑ Large Print Exam
- ❑ Large Print Answer Sheet
- ❑ Kurzweil Format

APPLICANT'S SIGNATURE

I, ____, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

By signing this application, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) to collect the personal information that I have provided in this application form and to use that personal information for the purposes of processing my application for the purposes of registration under the *Health Professions Act,* RSBC 1996, c. 183 and I consent to the disclosure of that personal information to the testing agency and the examination invigilator for the purposes of administrating the examination, processing my examination results and providing information regarding my examination results back to the CTCMA.

____ Signature of Applicant	____ Date

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a disability that requires an accommodation in taking the registration examination, please have this section completed by an appropriate professional (e.g., physician, psychologist, rehabilitation counselor, special educator, or other professional registered with a professional regulatory body) to certify that your disabling condition requires the requested test accommodation.

I have known ______________________________ since ______________________
(Candidate Name) *(Date)*

in my capacity as a ____
(Professional Title)

Because of the nature of the candidate's disability: ______________________________

____
(description of the candidate's disability)

it is my opinion that the candidate should be accommodated by providing the following *(check all that apply)*:

Jurisprudence Examination Safety Examination

- ❑ Separate Room
- ❑ Reader
- ❑ Recorder
- ❑ Additional Time:
  Specify additional number of minutes needed: ______________________
- ❑ Other:
  ____
  ____
- ❑ Large Print Exam
- ❑ Large Print Answer Sheet
- ❑ Kurzweil Format

Name	Professional Regulatory Body
Professional Title	Registration/License No.
Signature	Date