



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

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)
CCHPBC Application Number				Gender

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)



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.

CCHPBC Registration Examinations:

The College's Registration Examination consists of:

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

The multiple-choice online examination is (3 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 CCHPBC's registration examination.



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:

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.

Acknowledgement:

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

Signature

Date

Address

Phone Number

Submit Information to:

Please submit this form directly to the College of Complementary Health Professionals of BC at:

Address

CCHPBC
900 - 200 Granville Vancouver,
BC Canada | V6C 1S4

Email

applications@cchpbc.ca

Fax

(604) 608-9726