



## 2026 DR.TCM EXAMINATION – REQUEST FOR ACCOMMODATION FORM

### 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 (except the required information needed by the testing agency (Meazure Learning) to arrange with exam site centre(s) for setting up the exam after College approval). Requested accommodations are subject to the approval of the College.

**Accommodation for Special Needs Request Deadline: April 7, 2026**

### PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
CCHPBC Registration Number	Date of Birth	Email Address

### EXAMINATION

- |  |  |
|--|--|
| <input type="checkbox"/> Dr.TCM Written Examination - <u>Not offered in 2026</u> | <input type="checkbox"/> Dr.TCM Clinical Examination |
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### DESCRIPTION OF GROUNDS FOR ACCOMODATION

Check all that apply:

- Disability due to a Cognitive and/or Psychological Condition
- Disability due to a Physical and/or Medical Condition
- Pregnancy- or Maternity-Related Need
- Temporary Physical Impairment or Condition
- Creed (including Religious Observance)
- Family Status
- Other(s):



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: CCHPBC 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.

### **ACCOMMODATION(S) FOR SPECIAL NEEDS 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.



## 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 Complimentary Health Professionals of British Columbia (CCHPBC) 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 Meazure Learning, for the purposes of administrating the examination, processing my examination results and providing information regarding my examination results back to the CCHPBC.

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).

I further acknowledge that this application must be submitted to CCHPBC no later than the accommodation request submission deadline indicated at CCHPBC website.

_____ Signature of Applicant	_____ Date
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### 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.