



## Examination Accommodation Request Form

Exam candidates who require accommodations due to barriers arising from a recognized disability or condition must complete the necessary form and submit it to CCHPBC by the specified deadline.

### Section 1: Candidate Information

Full Name:

Street No.

City/Town/Village:

Province (State):

Postal Code (or Zip Code):

Country:

Telephone:

Email address:

Birthdate (DD,MM,YYYY):

CCHPBC Application Number:



## Section 2: Identified Barriers

Please describe how current examination conditions may pose challenges. You should list only environmental and systemic factors.

Examples include:

- Physical access to the examination room.
- Exam timing or duration that does not account for fluctuating energy levels.
- Limited access to assistive technology.

Description of Barriers:



### Section 3: Accommodation Request

Please Indicate the accommodations you believe will address the barriers described above. Accommodations are determined through collaboration and individualized assessment.

Requested Accommodations (check all that apply):

Extended time

Alternative formats (e.g., large print, Braille, electronic text)

Assistive technology (e.g., screen readers, speech-to-text software)

Adjustable seating or workstations

Quiet or low-distraction environment

Breaks during the examination

Accessible exam location (e.g., barrier-free rooms)

Other (specify):

*Rationale for Requests: (e.g., I need extra time due to slower processing speed and breaks to manage my fatigue during exams. A quiet environment is also essential to reduce distractions and help me focus.)*



## Section 4: Supporting Documentation:

- a) To support your diagnosis / condition, please provide a professionally recognized diagnosis from a medical practitioner of a disability, impairment, condition or disorder e.g. a letter from your specialist.
- b) To support your accommodation request, please provide documentation from one or more of the following sources. These should reflect your lived experiences and the barriers you encounter:

A letter from your therapist, counselor, or another professional whom you meet with regularly.

A letter from your physical therapist or other healthcare professional familiar with your situation.

A letter from a faculty mentor or academic advisor who knows you well.

A letter from a disability services staff member who understands your needs.

Other objective evidence of disability, such as a driver's medical examination report, government disability income verification, or an HC parking placard.



## **Section 5: Agreement and Acknowledgment**

By submitting this form, I affirm that the information provided is accurate and that the requested accommodations are intended to address identified barriers.

Signature:

Date: