

* To be completed by the applicant

Testing Accommodation Application Form

Please attach official documentation confirming disability from a qualified professional

The information requested below and any documentation regarding your disability and need for accommodation to take the examination will be treated confidentially. It will not be shared with any outside source without your expressed written permission. Request for testing accommodations – i.e., modifications to exam materials and/or procedures – must be submitted to the regulatory authority. Requested accommodations are subject to the approval of the regulatory authority and the testing agency.

Candidate Name: _____

Candidate Address: _____

Exam Name: _____

Exam Window: _____

Language of Exam: _____

Nature of Disability: _____

Accommodations Requested for Examination

(check all that apply)

- Private Room (Supervised)
- Paper Examination Format
- Text-to-Speech Software (e.g., Kurzweil: Read & Write Gold; JAWS)
- Additional time (please specify the time needed): _____
- Additional items (please specify items): _____
- Other (please specify): _____

Comments: _____

Signature: _____ Date: _____

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200-1400 Blair Place
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301-10110 104 St NW
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