



Request for Accommodation Form

To be Completed by the Candidate

First Name		Last Name	
Email Address			
Daytime Phone		Can detailed messages be left?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exam(s)	<input type="checkbox"/> TCM Practitioners Exam	<input type="checkbox"/> Acupuncturists Exam	<input type="checkbox"/> TCM Herbalists Exam
Date of Exam(s)		Exam Location (City, Province)	
Provincial Regulatory Body	<input type="checkbox"/> College of Acupuncturists of Alberta <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario <input type="checkbox"/> Ordre des acupuncteurs du Québec		
Grounds for Accommodation	<input type="checkbox"/> Disability due to a Cognitive and/or Psychological Condition <input type="checkbox"/> Disability due to a Physical and/or Medical Condition <input type="checkbox"/> Temporary Physical Impairment or Condition (Illness, Injury) <input type="checkbox"/> Pregnancy- or Maternity-Related Need <input type="checkbox"/> Creed (including Religious Observance) <input type="checkbox"/> Family Status <input type="checkbox"/> Other:		
Description of Grounds for Accommodation	<p><i>In this section, please include any additional details related to the selected ground(s) for accommodation. You must provide sufficient information to confirm the need for accommodation. CARB-TCMPA uses this information solely for the purpose of addressing the accommodation request for the credentialing examination(s). If you are requesting accommodation related to a disability, illness, injury, medical condition, or pregnancy- or maternity-related need, you are <u>not</u> required to provide sensitive personal information about your situation or a specific diagnosis; you will instead be required to provide a form completed by a registered professional responsible for your care/treatment (see Verification of Candidate's Condition Form).</i></p>		

Description of Accommodation Requested	<i>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.</i>

By signing below, I, _____, confirm that the information provided in this document is true and consent to the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists' collecting, using, and disclosing my personal information for the purpose of processing this request. I authorize the physician or other registered professional who has completed the Verification of Candidate's Disability section of this form to provide the requested medical information relating to my condition (disability, medical condition, pregnancy-related need, or maternity-related need) reasonably necessary to the provision of accommodation(s).

Signature

Date

Requirements for Supporting Documentation

If you are requesting accommodation related to a disability, illness, injury, medical condition, or 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 a registered professional responsible for your care/treatment).

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. However, information regarding any prior accommodation you have received for a similar disability from another organization or institution may assist the Appeals and Accommodations Committee in determining the most appropriate accommodation.