



# Request for Accommodation Form

To be Completed by the Candidate

First Name	
Last Name	
Email Address	
Phone Number	
Exam(s)	<input type="checkbox"/> TCM Practitioners Exam <input type="checkbox"/> Acupuncturists Exam <input type="checkbox"/> TCM Herbalists Exam
Date of Exam(s)	
Preferred Exam Location (City, Province)	
Provincial Regulatory Body	<input type="checkbox"/> College of Acupuncturists of Alberta <input type="checkbox"/> College of Complementary Health Professionals of British Columbia <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
Details of Request	<p><i>In this section, please explain the reason you are requesting accommodation in accordance with the ground(s) for accommodation outlined in the Accommodation Policy. CARB-TCMPA uses this information solely for the purpose of addressing the accommodation request for the credentialing examination(s). Candidates are <u>not</u> required to provide detailed information about their situation or a specific diagnosis; they will instead be required to provide a form completed by a registered professional responsible for their care/treatment and/or a registered professional that has consistent experience interacting with the candidate and their disability or medical condition (see Verification of Candidate's Functional Limitations Form).</i></p>

Details of Requested Accommodations	<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>

**Requirements for Supporting Documentation**

Candidates must provide objective evidence to support their request for accommodation, as outlined in Section 6.2 of the Pan-Canadian Examinations Accommodation Policy. Documentation will not be accepted if it is provided by a relative, spouse, or friend of the candidate.

Having received accommodations in the past does not guarantee the same accommodations for the Pan-Canadian Examination(s). Each request is evaluated individually, based on the specific requirements of the licensing examinations. While past accommodations from other organizations may help CARB-TCMPA determine appropriate accommodations, any approved accommodations are not automatically applied to future exams. A new accommodation request must be submitted for each Pan-Canadian Examination, along with confirmation that the candidate’s circumstances remain unchanged.

Applying for accommodation for your regulatory body’s jurisprudence or safety exams does not automatically grant accommodation for the Pan-Canadian Examination. A separate application must be submitted directly to CARB-TCMPA for the Pan-Canadian Examination. Additionally, any outdated documentation must be updated before resubmission. CARB-TCMPA requires that supporting documentation be current within one year of the accommodation request.

Receiving accommodations from a post-secondary institution does not guarantee the same, or any, accommodations for the Pan-Canadian Examination. The approval of accommodations is at the discretion of CARB-TCMPA and depends on the policies of individual test centers, as well as the supporting documentation provided.

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 Functional Limitations 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



# Verification of Candidate's Functional Limitations Form

*To be Completed by the Candidate*

Candidate Name	
Do you authorize the registered professional named below to share information concerning the functional impact of your condition (disability, illness, injury, medical condition, pregnancy-related need, or maternity-related need) with CARB-TCMPA for the purpose of addressing your accommodation request?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To be Completed by a Registered Professional*

Information for Registered Professionals	
<p>The Candidate has requested accommodation for the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) licensing examination due to a disability, illness, injury, medical condition, or a pregnancy- or maternity-related need. To evaluate this request, CARB-TCMPA requires supporting documentation from a registered professional who has direct involvement in the Candidate's care or regular interaction related to the disability or condition. This may include a healthcare provider, employer, or disability support worker, as appropriate. The professional must be able to validate the condition for which the accommodation is being requested.</p> <p>Your input is essential in determining appropriate accommodations. You should have knowledge of, or be able to confirm, the nature of the disability or condition that supports the Candidate's request. The purpose of the accommodation is to ensure an equitable examination process, so that no Candidate is disadvantaged due to factors protected under the Human Rights Code.</p> <p>Please ensure the Candidate has signed above and provided consent to share their personal information.</p>	
Full Name	
Profession	
Name of Regulatory Body	
Licence / Registration No.	
Office / Organization	
Mailing Address	
Daytime Phone	

Description of the Pan-Canadian Examinations

The examinations test competencies required for entry-level practice, with a focus on those competencies that have the most direct impact on the protection of the public and on safe, effective, and ethical practice. The questions assess the following levels of cognitive ability: remembering, comprehension and application, and analysis and interpretation.

The examinations are self-study and closed book. Each examination includes a multiple-choice component and clinical case component. Each component is either 2.5 hours (Acupuncturists/TCM Herbalists exams) or 3.5 hours (TCM Practitioners exam) held on consecutive days. The examinations contain a mixture of case-based and independent multiple-choice and multiple-select questions. The examination is delivered through a secure, browser-based platform at computer-based testing centres across Canada.

Candidates may 'bookmark' or 'flag' questions to which they wish to return. The examination is best viewed using one of the three available font sizes. Candidates may zoom in and out using their mouse, which will result in a scroll bar being used to navigate within the question.

Candidate Name	
How long has the candidate been in your care?	
Do you confirm that the candidate has a condition* that affects their ability to write the examination(s) under standard testing conditions as outlined above? (*disability, illness, injury, medical condition, pregnancy- or maternity-related need)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Functional Limitations	<p><i>In this section, please describe the functional limitations associated with the Candidate's condition (disability, illness, injury, medical condition, or pregnancy- or maternity-related need) and explain how these limitations may act as barriers in both daily life and in the context of standard testing conditions. Specifically, detail how the condition could affect the Candidate's ability to complete the examination without accommodation, and highlight any challenges they may face in meeting the standard requirements for testing.</i></p>

Recommended Accommodation(s)	<p><i>In this section, please describe the recommended accommodation(s) for the Candidate. Be as specific as possible. For example, if you are recommending examination materials in an alternative format, specify the type of alternative format requested. If you are recommending any adaptive technology/software or other physical resources, specify the resources requested. If you are recommending additional writing time to complete the exam, indicate the amount of additional time recommended.</i></p>

I confirm that the information I have provided is accurate to the best of my knowledge and expertise and is within my scope of practice.

\_\_\_\_\_  
Registered Professional's Signature

\_\_\_\_\_  
Date

Professional Stamp