

Special Accommodation Request Form – CETP Exam

First Name: _____ Last Name: _____
 Email : _____ Telephone : _____

Exam candidates may request special accommodations when their particular circumstances may impact their abilities to write the CETP Exam under normal circumstances. Each special accommodation request is subject to review. The request for special accommodation and supporting documentation must be sent to the CETP Exam Administrator prior to the CETP Exam enrollment deadline. Exam candidates will be notified of the decision in writing.

Further information on the terms and conditions for special accommodations are outlined in the Exam Candidate Handbook.

Part 1: Reason for special accommodation:

- Physical, cognitive, psychological limitations/conditions that have been assessed by a regulated health professional
- Religious restrictions
- Other (please specify) _____

Part 2: Specify the special accommodation(s) requested:

- Additional time / additional rest break: ___ one additional break ___ up to one additional hour
- Alternate exam day (due to religious restrictions)
- Separate room
- Workstation adjustments, such as specialized seating, height-adjustable table, footrest.
- Access to medication and/or food for health reasons (i.e. diabetes).

Part 3: Confirm the supporting documents that will be submitted

- Letter from religious leader confirming the requirement for special accommodation.
- Letter from a regulated health care or counselling professional who has performed an assessment of the exam candidate’s condition within the 3 years that indicates a diagnosis and a description of the exam candidate’s current limitations.
- Other documents as requested by CAASPR or the CETP Exam Administrator.

Part 4: Sign and submit form

- ✓ *I hereby certify that the information provided is true and understand that any false declaration may result in ineligibility to participate in the current and/or future CETP Exams.*
- ✓ *I hereby understand that additional accommodation costs may apply.*
- ✓ *I hereby understand that the special accommodation request may not be granted.*
- ✓ *I hereby agree that any information provided for special accommodation considerations may be shared with CAASPR, the regulator, the CETP Exam Appeals Committee, the exam invigilator/exam centre, or any professional/regulated expert involved in the evaluation and approval of this request.*

Signature: _____ Date: _____

For Administrative Use Only

1. Summary of accommodation requested:

2. Request received on this _____ day of _____, 2020

3. Request reviewed by the following individuals.

Name: _____ CETP Exam Administrator

Name: _____ CAASPR

Other: _____

4. Results:

Approved

Signature: _____ Date: _____

Not Approved

Signature: _____ Date: _____

Other _____

Signature: _____ Date: _____