

# **Accommodation Request Form**

**HID Practical Examination** 

## 1. Candidate Information

Full Name:	CHCPBC Registration Number:
Email Address:	Phone Number:
Exam Session (e.g., Fall 2025):	

2. Accommodation Request Details

tion, or disorder and the accommodation(s) you are requesting.

The nature of your professionally diagnosed or recognized disability, impairment, condi-



How your disability, impairment, condition, or disorder will interfere with your ability to take the examination, and how the accommodation(s) you are requesting mitigate(s) this.



## 3. Supporting Documentation

Please arrange for the healthcare professional who diagnosed your condition to submit supporting documentation **directly to the College**. The documentation may include:

- Confirmation of the diagnosis or condition.
- A statement indicating whether the condition affects your ability to practise safely and competently.
- A description of the functional limitations resulting from the condition.
- Specific recommendations for accommodations required during the examination.

The documentation must be sent by the healthcare professional directly to **exams@chcpbc.org** or by fax to 1-604-608-9863.

Note: If you encounter any difficulties in obtaining this documentation, please let us know if there are any alternative documents you can provide to support your accommodation request.

## 4. Candidate Declaration

I declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that:

- providing false or misleading information may result in the dismissal of my appeal and possible disciplinary action.
- Submission of this request does not guarantee approval of the accommodation
- The College may contact me or the professional listed in the supporting documentation for further information.

Signature:	Date:

#### 5. Submission Instructions

Please submit the completed form and all supporting documentation by the accommodation request deadline to: <a href="mailto:exams@chcpbc.org">exams@chcpbc.org</a>. Requests submitted after the deadline may not be considered.