



**Testing Accommodations
Documentation of Accommodation-Related Needs Form**

If you have a disability or medical condition that requires an accommodation to take the entry-to-practice exam, please have this form completed by a qualified health professional (e.g., physician, psychologist) to confirm that you require the accommodation. The qualified health professional is a regulated health care practitioner who is qualified to diagnose the impairment, and/or has the knowledge and expertise to confirm the type of accommodations required based on the disability or medical condition.

Exam format: the CKO entry-to-practice exam is delivered online, remotely proctored and scheduled for 3.5hrs. The exam is divided into two parts with a 15-minute break in between the parts.

To be completed by a qualified health professional

I have known the candidate since _____ in my capacity as a

I confirm that the candidate requires the following accommodations to write the entry-to-practice exam:

- Test centre Separate Room Text to Speech Software (e.g., Kurzweil)
 Reader Recorder

Additional Time (specify): _____

Other: _____

Comments: _____

I used my professional expertise, knowledge, and judgement to establish the type of accommodations for the candidate based on their disability or medical condition. I understand the accommodations should not place candidates with disabilities at an advantage or disadvantage in comparison to other candidates.

Name and Professional Title: _____

Licence Number: _____

Date: _____

Phone Number: _____

Email: _____