



## Testing Accommodations Request Form

If you have a disability or medical condition and need to request testing accommodations for the entry-to-practice exam, please complete and return this form. All requests must be supported by documentation and confirmed by the appropriate health care practitioner. Information and documentation received by the CKO regarding the accommodation request will not be shared with any third party and will be treated confidentially.

Requested accommodations are subject to the approval of the CKO and the exam provider (to the extent that they are able to provide the necessary accommodation). Please complete this form and submit to [examination@coko.ca](mailto:examination@coko.ca).

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Exam Language:     English     French

### Indicate all Accommodations Requested for the exam:

Test Centre         Separate Room         Text to Speech Software (e.g., Kurzweil)

Human Reader         Human Recorder

Additional Time (specify): \_\_\_\_\_

Other: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Decision will be confirmed by the CKO and the exam provider prior to the exam.