

TESTING ACCOMMODATION - CANDIDATE APPLICATION FORM
National Occupational Therapy Certification Examination (NOTCE)
SECTION A - PERSONAL INFORMATION

Full name:	
Telephone:	E-mail
Exam Date:	Requested exam site (City):

SECTION B - ACCOMMODATION INFORMATION

The National Occupational Therapy Certification Exam (NOTCE) may be administered under modified conditions for those candidates who require accommodations under human rights laws. Requests to administer the exam in a language other than English or French will not be granted. The factors to be taken into account when considering requests for accommodations include: **a.** The supporting documentation is current and complete; **b.** The candidate has a diagnosed disability or other circumstances that demonstrate entitlement to accommodation under human rights laws; **c.** A clear link is shown between the functional impact of the candidate's personal circumstances and the accommodation that is proposed to alleviate that impact; **d.** Exam integrity is preserved, and there is no unfair advantage over other candidates; and **e.** CAOT is able to provide the necessary resources to implement the accommodation.

SECTION C - APPLICATION INFORMATION REQUEST

On what grounds under human rights laws are you applying for accommodations?

- Disability Religion Other

Please describe the type of accommodation you are requesting (be as specific as possible e.g. % of extra time, continuous versus stop time for breaks must be specified). In what way does the test administration prevent you from demonstrating your knowledge and ability on a fair and equitable basis?:

Please submit supporting document for this request:

- Form B:** Must be completed and **directly sent to exam@caot.ca** by a regulated health professional qualified to confirm your disability related needs, dated within one year. **Or:**
- Supporting document from your university **directly sent to exam@caot.ca** describing specific accommodation granted (accessibility services), dated within two years. **Or:**
- Supporting document **directly sent to exam@caot.ca** **confirming other accommodation needs, for example**, from your religious leader, dated within one year .

SECTION D - DECLARATION

I confirm that the above information is accurate and I understand that CAOT will release information to a third party (e.g. invigilator, exam service provider, or regulator) regarding the type of accommodations that are provided.

Signature _____ Date _____