

REQUEST FOR TESTING ACCOMMODATIONS

Applicant Name: _____

Accommodation Requested

Exam Components that accommodations of special needs apply (check all that apply)

- Pan-Canadian Multiple-Choice (MC) Examination
- Pan-Canadian Clinical case (CC) Examination
- Modalities Acupuncture Points
- Safety and Jurisprudence Examination

Documentation Submitted (check all that apply)

- Completed Request for Testing Accommodations form
- Current documentation by a licensed health professional related to special needs
- Other (please specify) _____

Applicant Signature: _____ **Date:** _____

For Office Use Only

Decision: _____

Registrar Signature: _____

Date of notification of the decision to candidate: _____

Date of notification to the exam consultant (Yardstick): _____

Comments: _____