



REQUEST FOR TESTING ACCOMMODATIONS

Candidate Name: _____
(last name, first name)

Components requiring accommodation (check all that apply)

- Acupuncture Points
- Modalities
- Safety & Jurisprudence Examination

Specific Accommodations requested (ex. Additional time, private room)

Documentation submitted (check all that apply)

- Completed Request for Testing Accommodations Form
- Current documentation by a license health professional related to special needs
- Other, please specify, _____

Pan-Canadian Acupuncturists Examination

To request an accommodation, candidates must complete both the [Request for Accommodation form](#) and the [Verification of Candidate's Disability form](#). Candidates should carefully read the instructions, ensure that both forms are completed, and send completed forms to accommodations@carb-tcmpa.org.

Applicant Signature: _____

Date: _____ MM/DD/YYYY

FOR OFFICE USE ONLY

Decision: _____

Date of notification of decision to candidate: _____

Comments: _____

Registrar Signature: _____

Date: _____ MM/DD/YYYY