



# REQUEST FOR TESTING ACCOMMODATIONS

COMPLETED FORMS CAN BE EMAILED TO  
[REGISTRATION@ACUPUNCTUREALBERTA.CA](mailto:REGISTRATION@ACUPUNCTUREALBERTA.CA)

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)

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## 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, \_\_\_\_\_

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## 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](mailto:accommodations@carb-tcmpa.org).

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

Date: \_\_\_\_\_ MM/DD/YYYY

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**FOR OFFICE USE ONLY**

Decision: \_\_\_\_\_

Date of notification of decision to candidate: \_\_\_\_\_

Comments: \_\_\_\_\_

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Registrar Signature: \_\_\_\_\_

Date: \_\_\_\_\_ MM/DD/YYYY