

How does the disability impact the Applicant's ability to fulfill COPR's Entry to Practice Examination?

What specific accommodations do you recommend? Please explain how each recommended accommodation will mitigate the effect of the Applicant's disability on the Applicant's ability to fulfill COPR's Entry to Practice Examination.

Please describe your professional qualifications relevant to your ability to assess the Applicant and recommend accommodations.

How long has the Applicant been in your care?

Is your assessment of the Applicant current (within the last year)?

Yes No

If your assessment of the Applicant is not current (i.e. not within the last year), please describe whether the assessment is still valid and why.

Is the above information based on your examination or management of the Applicant?

Do you have any additional comments that are relevant to the accommodation request?

CERTIFICATION BY QUALIFIED REGULATED HEALTH PROFESSIONAL	
<p>I hereby certify that:</p> <ul style="list-style-type: none"> • The Applicant has authorized and directed me to provide this information to COPR; • The Applicant has further authorized and directed me to supply additional documentation and information, if required, to COPR related to the Applicant’s request for accommodation; • I have personally examined/assessed the Applicant; • I provide(d) health care services to the Applicant in respect of the Applicant’s disability; • I have specific training and expertise with respect to the disability for which accommodation is being requested by the Applicant; • I am registered, certified or licensed to practice in my field; and • The documentation and information I have provided is, to the best of my knowledge, true, accurate and complete. 	
<p>Signature of Qualified Regulated Health Professional</p>	<p>Date</p>

Medical office stamp:

EMR Examination Candidates: Submit this form to your Examination Application on the COPR Applicant Portal.

PCP/ACP Examination Candidates: Submit by email to exam@copr.ca