

Examination Accommodation Request Form



Last Name	First and Middle Name
Former/Previous name(s)	Address (including country)
Email	Telephone
Training Province	Name of Educational Institution
License Category (PCP, ACP)	Examination Attempt (1st, 2nd, 3rd)
Examination Sitting Date	Examination Sitting Location Preference

Please state on what basis the accommodation is being requested (i.e. disability, family status, religion)

Please describe how the protected characteristic that forms the basis of the accommodation request impacts your ability to successfully participate in the Examination.

Provide a clear and concise description of the accommodation requested (e.g., additional testing time, enhanced lighting, separate testing room, additional breaks, etc.) and how the accommodation will mitigate the impact of the protected characteristic within the specific context of the Examination.



Have you received testing accommodation before from COPR or from the provider of a relevant educational program?

If yes, please provide details of the past testing accommodations granted.

Please attach documentation in support of your request. Supporting documentation should outline the nature of the protected characteristic, along with a detailed description of the impact of the protected characteristic as it relates to completing the Examination, and your specific needs with respect to the protected characteristic and the Examination.

Where the accommodation request relates to disability, supporting documentation and information satisfactory to COPR must be provided by a qualified regulated health care professional such as a medical doctor or psychologist, by completing the **COPR Disability Information Form**. The qualified regulated health professional must have specific training and expertise with respect to the condition(s) for which accommodation is being requested and be certified or licensed to practice in their field.

- I understand that where the accommodation request relates to a disability a qualified regulated health professional must submit information to COPR through the Disability Information Form in support of the request. Documentation must be current.
- I have read and understand the *COPR Guidelines Regarding Accommodations for Candidates with Disabilities*
- I understand that requests for accommodations including supporting documentation must be received by **COPR 35 business days** before the examination (except in unusual circumstances, such as a recent injury).
- I understand that all requests are subject to approval based on individual circumstances and may be denied.
- If applicable, I authorize COPR to contact the qualified regulated health professional for further information needed.
- I hereby acknowledge that the information I have provided on this form is true, complete and accurate.
- I also acknowledge and agree that by submitting this document electronically and inserting my name below it is equivalent to my original ink signature.

Electronic Signature

Date

Primary & Advanced Care Paramedic (PCP / ACP) Examination Candidates: email completed form to exam@copr.ca
Emergency Medical Responder (EMR) Examination Candidates provide this information in the COPR EMR Examination Application. This form is not necessary.