

ACCOMMODATION REQUEST

MEDICAL FORM (FORM 2)

For APPLICANTS: Provide this form to a qualified professional who is licensed or who has the appropriate credentials to diagnose the nature of the disability, treat the disability, and recommend testing accommodations for individuals with your disability. The professional must have treated, diagnosed, or had some other professional relationship with you within the last five years, and/or must be able to confirm the diagnosis of the disability for which you are requesting accommodation. Attach additional pages/information as needed and sign this form giving the qualified professional permission to provide your information. Include the completed form in your accommodation request package.

We require signatures on all documentation and all documentation must be legible. For further information on how and where to submit your completed forms, please **EMAIL** to your respective regional office:

CPA Atlantic School of Business: cpaaccommodations@cpaatlantic.ca

CPA Ontario: cpaaccommodations@cpaontario.ca

CPA Quebec: accommodements@cpaquebec.ca

CPA Western School of Business: cpaaccommodations@cpawsb.ca

CPA Canada International: internationalinquiries@cpacanada.ca

If you prefer to mail in your application, you can contact your regional office.

For LICENSED/QUALIFIED PROFESSIONALS: Your opinion and description of the nature and the extent of functional limitations resulting from the applicant's disability will be vital in determining any potential examination accommodations provided to the applicant. Of greatest concern to the National Accommodations Advisory Panel are the restrictions in the applicant's functioning that hinder their fair and equal access to the examination.

Any potential testing accommodations granted are not meant to ensure any particular outcome, such as finishing the test, passing the test, doing better on the test, or reaching one's potential. We require evidence that the requested accommodation(s) are necessary in order to access the test—not to do better on the test.

It is possible that current or previous academic institutions have provided support services which went above and beyond access to an examination in order to help a candidate "reach their potential" or otherwise be successful. However, our obligation as a licensing body is to ensure fair and equal access to an examination while protecting the public interest and ensuring safe and ethical competence to practice.

1 Personal Information

Applicant name			Applicant/Member Number
First	Middle	Last	* for QC members, use your CPA Canada number

2 Licensed/Qualified Professional's Information

Professional's name			Name of regulatory body affiliated with	
Title	First	Last	Designation	
			Licence #	
Street address		Daytime phone number (including area code)		
City	Province	Postal code	Country	
Please describe your credentials and your professional relationship with the applicant, which qualify you to provide this recommendation for testing accommodation:				

3 Nature of Disability and Treatment Information

1. Diagnosis (optional - provide evidence of conforming to standard DSM-5 or ICD-9(10) Guidelines, if applicable):				
Did you diagnose this condition?			Yes	No
If you did not diagnose this condition, did you confirm this condition? (leave blank if answer above is yes)			Yes	No
Did you diagnose or confirm this diagnosis using (select all that apply):	One or more specific medical tests?		Yes	No
	Medical observation?		Yes	No
	Self-reports?		Yes	No
	Another method/other methods? Please describe:			

3 Nature of Disability and Treatment Information

2. Description of the nature of the disability (if diagnosis not provided above):

3. Date of your last treatment or consultation with the applicant:

4. How long have you been treating the applicant?

5. Explain the effect of the disability on the applicant's ability to perform under normal testing conditions, ie. Please describe the functional limitations associated with the applicant's condition and explain how they impact the applicant's ability to complete licensing examinations under standard testing conditions. Please note that symptoms of a disorder or generic complaints such as "forgetfulness", "anxious in crowds", and "slow processing" are not evidence of functional limitations.:

6. If applicable, list any medications prescribed to the applicant that may affect their exam writing ability and describe the expected affects of the medication.

7. If the applicant has a learning disability or a psychological/psychiatric/behavioural disability, list the specific assessments used to identify and confirm the diagnosed disability (e.g. standardized psychological/educational tests). Enclose copies of the test results, evaluations, or educational or psychological reports with this form, as these objective and measurable test scores will be used in determining the impact the applicant's condition has on their exam writing abilities. Only test scores which indicate an impairment according to DSM criteria will be considered in the assessment of potential examination accommodations.

3 Nature of Disability and Treatment Information

8. Based on your knowledge of the applicant's impairment, which of the following accommodations do you recommend? (select all that apply)

Accommodations:

Additional time*:	minutes, per 4-hour exam	Timed rest breaks**:	minutes, per 4-hour exam
Distraction reduced room*** and proctor		Elevator	
Wheelchair access		Sign language interpreter	
Reader	Person	Large type	Physical version with larger font (pt)
	Software (specify):		Electronic version
Other (specify):		Scribe:	Person
			Software (specify):

* PLEASE NOTE: If you are recommending additional writing time to complete a licensing examination due to a cognitive condition (e.g., learning disabilities, ADHD, etc.), the applicant must provide a copy of their most recent psychological and/or psycho-educational assessment report to support your recommendation. A psychological and/or psycho-educational assessment report is required to identify issues impacting the applicant's development and functioning, the severity of the condition, and current treatment.

This report must:

- explain how the applicant is impacted by the disability;
- explain how the applicant's functional limitations are caused by the diagnosed impairment; and
- provide a measurable/objective basis connecting the condition to the amount of additional writing time suggested

** Timed rest breaks are breaks provided to the applicant but are not used as additional exam writing time

*** Distraction reduced room does not mean a private room

If recommending an amount for extra exam writing time, please note that a crucial component of the CPA exams is to examine under time constraints to measure the applicant's ability to prioritize, rank, and manage their time, in addition to organizing cohesive responses under time-pressured situations. This helps ensure that the applicant can effectively demonstrate skills such as time management and decision-making where they are able to effectively identify and prioritize tasks on the most important and relevant areas of a case question. These competencies are requirements for successful CPAs and can only be tested through the use of time constraints. Based on this, please provide your rationale for the accommodations recommended:

Note: The accommodations should not modify the nature and level of the qualification assessed. Many of the examinations in CPA educational qualification process are time constrained and evaluate the applicant's ability to manage time. As a result, it is not unusual for applicants to receive less time than they were previously granted.

I certify that the information provided by me on this form and any attachments hereto is true and correct to the best of my knowledge. I am not affiliated with the applicant as per my professional code of ethics.

(Signature)

(Date)

I authorize the professional above to provide the information in this form for the purpose of an accommodation request with the regional CPA learning organization.

(Applicant Signature)

(Date)

For further information or guidance, please [click here](#).

The regional CPA learning organizations, including CPA Canada, CPA Ontario, CPA Quebec, the CPA Atlantic School of Business, the CPA Western School of Business, and CPA Canada International are committed to respecting your privacy and protecting your personal information. The personal information requested on this form is collected, used, and disclosed under applicable federal and provincial legislation and your regional CPA learning organization's policies and guidelines. The information will only be distributed to and reviewed by members of the CPA National Accommodations Advisory Panel to assess eligibility for accommodations. Direct any questions about personal information collection and its use to your regional office.

CPA Atlantic School of Business: Accommodations (cpaaccommodations@cpaatlantic.ca)

CPA Ontario: Accommodations (cpaaccommodations@cpaontario.ca)

CPA Quebec: Examination team (accommodements@cpaquebec.ca)

CPA Western School of Business: Privacy Officer (privacy@cpawsb.ca)

CPA Canada International: Inquiries (internationalinquiries@cpacanada.ca)