

TEST ACCOMMODATION REQUEST FORM

CANDIDATE DETAILS	
FULL NAME:	
SPECIALTY:	EXAM YEAR:
REQUEST FOR ACCOMMODATION	
ACCOMMODATION(S) REQUESTED: <i>Instructions:</i> 1. List the accommodation(s) that you are requesting. 2. Attach additional pages for extra space, IF required.	
REASON(S) FOR ACCOMMODATION:	☐ Medical condition ☐ Disability ☐ Religious ☐ Other: _____
SUPPORTING DOCUMENTATION: <i>Instructions:</i> 1. List supporting documentation enclosed as part of your request. Enclosures must support reason(s) for accommodation above.	

I hereby certify to the best of my information, knowledge and belief that all information provided in this form, as well as any attachments is accurate.

CANDIDATE SIGNATURE

DATE

FOR OFFICE USE ONLY

DATE(S) OF
RECEPTION:

Request form

Supporting documentation

VERIFICATION:

Reason for accommodation provided

Yes

No

☐
☐

Comments: _____

Appropriate supporting documentation submitted

☐
☐

Comments: _____

ACCOMMODATIONS
GRANTED:

Instructions:

1. List the accommodation(s) that
have been granted.

MEMBERSHIP COORDINATOR

DATE

DIRECTOR OF ASSESSMENTS

DATE

EXAMINER-IN-CHIEF

DATE

CANDIDATE ACKNOWLEDGEMENT

Instructions:

1. Indicate whether you accept
the approved accommodations
listed above.

I accept the test accommodations listed above.

CANDIDATE

DATE