

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. 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. Send completed forms by **EMAIL** to your respective regional office:

CPA Atlantic School of Business: jvarner@cpaatlantic.ca

CPA Ontario: cpaaccommodations@cpaontario.ca

CPA Quebec: amenagements@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 the examination accommodations provided to the applicant. Of greatest concern to the Accommodations Panel are the restrictions in the applicant's functioning that hinder his or her ability to perform at the examination.

1 Personal Information

Applicant name	Applicant/Member Number
First Middle Last	

2 Licensed/Qualified Professional's Information

Professional's name	Name of regulatory body affiliated with
Title First Last	Designation
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):

2. Description of the nature of the disability:

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

4. Explain the effect of the disability on the applicant's ability to perform under normal testing conditions:

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

3 Nature of Disability and Treatment Information

6. 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.

7. Based on your knowledge of the applicant's disability, 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
Separate room* and proctor		Elevator	
Wheelchair access		Sign language interpreter	
Reader		Large type (pt)	
Other (specify):			

*Separate room does not mean a private room

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

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)

(Licence/Certification Number)

(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 national CPA Special 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: Jason Varner (jvarner@cpaatlantic.ca)

CPA Ontario: Accommodations (cpaaccommodations@cpaontario.ca)

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

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

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