



FORM A: Testing Accommodations Request Form

The Canadian Alliance of Physiotherapy Regulators (CAPR) is committed to providing equitable and accessible services to all candidates. CAPR recognizes and performs its duty to respect the independence and dignity of all individuals who may have additional needs related to any human rights protected grounds by ensuring that the Physiotherapy Competency Examination (PCE) is free of barriers to accessibility.

CAPR may be able to arrange reasonable and appropriate Testing Accommodations for candidates who have evidenced needs, within the limit of undue hardship¹. Testing Accommodations are intended to enable candidates to demonstrate their competence by altering the exam environment to compensate for documented limitations. Testing Accommodations are not intended to ensure success in the exam for candidates with documented needs; rather, it ensures that all candidates are given a fair and equitable chance to succeed in the PCE.

CAPR does not lower the passing standard or modify the content of the PCE in any way.

CAPR must receive appropriate supporting documentation² with each Testing Accommodations request. Please review Part 4 of this form and the Testing Accommodations information on the CAPR website for details about supporting documentation requirements. CAPR considers requests for Testing Accommodations on a case-by-case basis and may grant, modify, or deny Testing Accommodations requests based on the information provided in the supporting documentation. CAPR ensures that no candidates (including those taking the PCE without Testing Accommodations) are disadvantaged by the outcome(s) of a request.

IMPORTANT: Testing Accommodations granted by post-secondary institutions may not be the same as those granted by CAPR.

Steps to Request Testing Accommodations for the PCE

- 1) Complete all sections of this Request Form. CAPR will return incomplete forms to the candidate.
- 2) Secure all required supporting documentation.
- 3) Submit all required forms and documentation **30 business days before the examination date**.
 - a. Send your Testing Accommodations request with your Exam Application, OR
 - b. Send your Testing Accommodations request via email to csc_exams@alliancept.org.
- 4) Upon receipt of Testing Accommodations Plan, review it, then sign and return it to CAPR via email.

If inadequate documentation is noted during the review process, CAPR will contact the candidate for additional information or documentation to support their request. Candidates must supply all additional requirements no later than 15 business days before the examination date. Any delays related to the steps above will impact the candidate's exam registration timeline.

NOTE: The Testing Accommodations Plan may not be possible to implement at all test centres or in both modes of exam delivery (remote proctoring and in-centre). Whenever possible, CAPR grants Testing Accommodations that can be implemented both in-centre and via remote delivery of the Written Component of the PCE.

¹ In the context of the PCE, this relates to factors such as significant costs, staffing limitations, exam site or platform restrictions, and risks to exam integrity or security, among others.

² All supporting documentation must make specific recommendations for Testing Accommodations as they relate to the PCE Written Component.



THIS FORM MUST BE COMPLETED BY THE CANDIDATE

Please complete all relevant sections. **Please type or print clearly.**

Part 1: Candidate Information

Last Name:		First Name:	
Date of Birth:		Date of Clinical Assessment ³ :	
Date of Exam:		Date of Request:	

Part 2: Documented Impairment(s) and Functional Limitation(s)

Using the boxes below, describe your impairments and functional limitations, and how these impact your ability to perform in the PCE:

Nature of Impairment(s) – tick all that apply.

- Attention Deficit Hyperactivity Disorder / Attention Deficit Disorder (ADHD/ADD)
- Autism Spectrum Disorder
- Brain Injury (e.g., concussion, TBI)
- Learning and Intellectual Disabilities
- Other Medical Conditions
- Physical or Sensory Impairments (including recent surgery)
- Pregnancy and Post-partum Considerations
- Psychiatric Disorders (e.g., Generalized Anxiety Disorder)

Documented Impairment(s)	Functional Limitations – Impact on taking the PCE

³ Must match supporting documentation.



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Documented Impairment(s)	Functional Limitations – Impact on taking the PCE

Management/Treatment

Provide the history of management (including **history of accommodations**, if applicable) and ongoing treatment of your documented impairment(s) and associated functional limitation(s). Describe strategies taken to address your needs in daily life and their impact on your personal and academic functions.

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Part 3: Requested Testing Accommodations

Describe the Testing Accommodations you are requesting and how these mitigate each impairment and functional limitation within the specific context of the PCE in the boxes below:

3.A. Environmental Modifications

Using the boxes below, list any environmental modifications (including **assistance, items, equipment, exam room adjustments, and software adjustments**) that you will require for the exam. **Do not include time-related Testing Accommodations in this section.**

Requested Testing Accommodations	Rationale



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Requested Testing Accommodations	Rationale

3.B. Exam Time Modifications

Flexible Break Time – no access to exam content	
<p>Total # of minutes requested (for the 4-hour exam):</p> <input data-bbox="240 877 620 949" type="text"/>	<p>Rationale</p>

Additional Testing Time – access to exam content	
<p><input type="checkbox"/> 25% Additional Testing Time <input type="checkbox"/> 50% Additional Testing Time <input type="checkbox"/> Other:</p> <input data-bbox="240 1360 620 1432" type="text"/>	<p>Rationale</p>



Part 4: Documentation Checklist

Complete the checklist below to confirm that all required documents have been included. Ensure that all relevant boxes in each column are completed.

Impairment(s)	Document Requirements	Healthcare Provider
<input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Learning and Intellectual Disabilities	<input type="checkbox"/> Form A: Testing Accommodations Request Form <input type="checkbox"/> Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form ⁴ <input type="checkbox"/> A complete psychoeducational or neuropsychological assessment report conducted after the candidate has reached 18 years of age <u>If the above assessment was conducted more than 5 years from the date of the exam:</u> <input type="checkbox"/> A documentation update/re-assessment ⁵ that includes tests and scales demonstrating the candidate's current limitations and needs.	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech and Language Therapist
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Form A: Testing Accommodations Request Form <input type="checkbox"/> Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form based on an assessment that was conducted within 3 months of the date of the exam.	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Neurologist <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Psychologist
<input type="checkbox"/> Other Medical Conditions <input type="checkbox"/> Physical or Sensory Impairments <input type="checkbox"/> Pregnancy and Post-partum Considerations	<input type="checkbox"/> Form A: Testing Accommodations Request Form <input type="checkbox"/> Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form based on an assessment that was conducted within 2 months of the date of the exam.	<input type="checkbox"/> Audiologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Neurologist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist <input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Psychiatric Disorders	<input type="checkbox"/> Form A: Testing Accommodations Request Form <input type="checkbox"/> Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form ⁴ <input type="checkbox"/> A psychological assessment report conducted within 12 months of the date of the exam that includes tests and scales administered that illustrate the candidate's present limitations and needs. Evidence regarding current	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist

⁴ This requirement may be waived if the complete assessment report contains all the information required on Form B.

⁵ A documentation update is a brief report that may be a shorter version of a full psychoeducational/neuropsychological assessment. It **must** include a summary of the candidate's condition history, a retesting of relevant and age-appropriate scales, a discussion on any new factors or progression of the condition in recent years, a statement regarding the current severity of the candidate's impairments and functional limitations and how these may be mitigated by Testing Accommodations in the PCE.



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Impairment(s)	Document Requirements	Healthcare Provider
	limitations and needs can include but should not exclusively consist of candidate self-reports (the report should include observational data, treatment/management information, etc.).	

Part 5: Healthcare Provider Information

Provide the contact information of the evaluating healthcare provider.

Full Name:		Profession:	
Email:		Phone#:	

CAPR may contact the healthcare provider for the purpose of clarifying or obtaining further information.

Part 6: Declaration

I have read and understood the information related to my Testing Accommodations request, as described in this form, on the CAPR website, the Testing Accommodations Policies, and in the CAPR Examinations Guide.

To the best of my knowledge, all information disclosed in this form is true and accurate.

Last Name: _____ First Name: _____

Signature: _____ Date: _____
