



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

The Canadian Alliance of Physiotherapy Regulators (CAPR) is the national credentialing and assessment agency for the physiotherapy profession in Canada. CAPR supports provincial regulators across the country in their function of ensuring that all physiotherapists entering practice in Canada meet the minimum level of competence required for safe, effective, and independent practice. CAPR's vision is that every physiotherapist is a competent and ethical physiotherapist, and its mission is to support the physiotherapy community in protecting the public.

CAPR administers the Physiotherapy Competency Examination (PCE), a high stake, standardized national exam that assesses a candidate's readiness for safe, effective, and independent physiotherapy practice. The Written Component of the PCE is a four-hour, computer-based, multiple-choice exam that is delivered five times a year in test centres across the country and via remote proctoring.

Testing Accommodations for the PCE

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 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.

In reviewing Testing Accommodation requests, CAPR must balance the rights of the individual examination candidate with its mandate to protect the public interest through a fair, secure, valid, and reliable competency exam.

CAPR requires documentation from appropriate healthcare providers to verify a candidate's current level of impairment and functional limitation, and to inform decisions on Testing Accommodations. **As a healthcare provider, you help ensure that no candidate is inappropriately disadvantaged or advantaged in this process.** We request that health providers be thorough in their evaluations, and base professional recommendations on objective information.

For guidance regarding this process, please contact csc_exams@alliancept.org. Information can also be found on CAPR's [Testing Accommodations webpage](#).

THIS FORM MUST BE COMPLETED BY A HEALTHCARE PROVIDER

Please complete all relevant sections. CAPR will return incomplete forms to the responsible healthcare provider. Incomplete documentation will delay the review of the Testing Accommodations request and will impact the candidate's exam registration timeline.

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, among others.



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

Please type or print clearly.

Part 1: Healthcare Provider Information

Full Name:		License #:	
Profession:		Regulatory Body:	
Address:			
Email:		Phone #:	

Part 2: Candidate Information

Last Name:		First Name:	
Date of Birth:		Date of Clinical Assessment:	

Part 3: Clinical Assessment Summary

Provide a summary of your most recent evaluation of the candidate. Healthcare providers are not required to disclose their client's diagnosis; however, details about the functional impact(s) of the candidate's impairment(s) are required.

ALL FIELDS IN THIS SECTION ARE REQUIRED.

SUBJECTIVE FINDINGS

Provide a summary of relevant subjective information, including, but not limited to the **onset, history, and self-reported symptoms.**



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

OBJECTIVE FINDINGS

Provide a summary of relevant objective information, including, but not limited to **observed clinical signs (including observation of behaviour during testing), a list of administered tests, and results**. Summarize the **methods used** to confirm the diagnosis/condition and the severity/extent of functional limitation(s).

IMPAIRMENTS

Provide a description of the candidate's impairments related to their diagnosis as per the ICD-11 or DSM-5.

FUNCTIONAL LIMITATIONS

Provide a description of the candidate's functional (include personal and academic) limitations.



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

MANAGEMENT/TREATMENT

Provide a history of management (including response to interventions) and ongoing treatment of the candidate's documented impairment(s) and functional limitation(s).

IMPACT ON TAKING A HIGH-STAKES EXAMINATION

By synthesizing the information provided above, comment on the potential implications of the candidate's documented impairment(s) and functional limitation(s) in the context of taking a **four-hour, computer-based, multiple-choice examination**.

Part 4: Recommended Testing Accommodations

Based on the information provided in Part 3 of this form, provide recommendations on Testing Accommodations, and provide a **detailed rationale** for each.

4.A. Environmental Modifications

List in the boxes below any **assistance, items, equipment, exam room adjustments, and software adjustments** that the candidate will require for the exam. **Do not include time-related Testing Accommodations in this section.**

Recommended Testing Accommodations	Rationale



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

Recommended Testing Accommodations	Rationale

4.B. Exam Time Modifications

Flexible Break Time	
During this time, candidates will not have access to exam content. This time can be used to perform coping strategies, take screen rests, take mobility breaks, take medications, consume food and drink, etc.	
<p>Total # of minutes (for the 4-hour exam):</p> <input data-bbox="164 1528 604 1635" type="text"/>	<p>Rationale</p>



Form B: Clinical Assessment Summary and Testing Accommodations Recommendations Form

Additional Testing Time	
During this time, candidates will have access to exam content and can only use this time to read and answer questions.	
<input type="checkbox"/> 25% Additional Testing Time <input type="checkbox"/> 50% Additional Testing Time <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>*If recommending more than 50% (2 hours) of additional testing time, address the necessity for this in the rationale.</p>	Rationale

Part 5: Declaration

On the basis of the most recent evaluation of the candidate (date stated above), I am providing this information for use by CAPR in determining an appropriate Testing Accommodations Plan for the Written Component of the PCE.

I understand CAPR and the PCE's crucial role in protecting the public and understand that the intention of Testing Accommodations is to ensure fairness and equity, and not a particular candidate's successful completion of the exam.

I confirm that, to the best of my knowledge, all information disclosed in this form is true and accurate. I understand that in this process, CAPR may contact me to clarify or obtain further information regarding the candidate's documented Testing Accommodations needs.

Signature: _____ Date: _____
