



## Written Component – Post-Examination Service Request: Re-Scoring and/or Administrative Reconsideration

**Note:** This is NOT an application for the Written Component. To register for the Written Component, please complete the [Application Form](#) and mail it to our office with the required fees and a copy of your identity document.

Complete ALL Fields

Please type or print clearly

1. Please check (✓) the service(s) you are requesting:

Re-scoring (\$137)  Administrative Reconsideration (\$410)

2. Date of Examination \_\_\_\_\_

3. Date of receipt of examination result notification \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

4. Client ID or PIN (If you have previously registered with, or are currently registered with, CAPR)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

5. **A) NAME** (As shown on your piece of Government issued photo ID) **5. B) Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

**Surname**

**First Name(s)**

**Middle Name**

6. **Email Address** (REQUIRED)

**Method of Payment:** Put a checkmark (✓) beside your payment method:

Credit Card  (complete the Credit Card Authorization Form below)

Certified cheque

Money order

Bank draft

**Amount enclosed:** \$ \_\_\_\_\_

**Re-scoring:** no further information required.



**Administrative Reconsideration:** please complete the following

7. Select:

**Ill-Health on the day of the examination**

Checklist:

- copy of email sent to [csc\\_exams@alliancept.org](mailto:csc_exams@alliancept.org) within 7 calendar days of the examination date
- Candidate Medical Certificate sent to [csc\\_exams@alliancept.org](mailto:csc_exams@alliancept.org) within 7 calendar days of the examination date. Date of the certificate must be appropriate for, or match, the examination date.
- any other supporting documentation

Describe briefly how your ill-health negatively affected your examination result

**Administrative Issues<sup>1</sup> on the day of the examination**

Checklist:

- copy of email(s) sent to [csc\\_exams@alliancept.org](mailto:csc_exams@alliancept.org) and/or Prometric on the examination date regarding administrative issues on the day of the examination
- any supporting documentation (e.g. Prometric ticket number, etc.)

Describe briefly the administrative issues that deviated significantly from the CAPR examination administration standards or procedures.

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<sup>1</sup> "Administrative Issues" are examination day occurrences or omissions that deviate significantly from the Canadian Alliance of Physiotherapy Regulators' (CAPR) examination administration standards or procedures.



**Extraordinary Circumstances<sup>2</sup> (unrelated to administrative issues or ill-health on the day of the examination)**

Checklist:

- copy of email(s) sent to [csc\\_exams@alliancept.org](mailto:csc_exams@alliancept.org) before, on, or after the examination date regarding the extraordinary circumstances
- any supporting documentation (e.g. proof of death certificate in the case of bereavement, etc.)

Describe briefly the extraordinary circumstances unrelated to administrative issues or ill-health on examination day that negatively affected your examination result. Explain how withdrawal from the examination was not an option due to insufficient prior knowledge of the circumstances.

**DECLARATION**

I have read and understood the information in the *Administrative Reconsideration policy* and the *Examinations Guide*. I have read and understood CAPR's Privacy Policy and I consent to the collection, use, and disclosure of my personal information, if necessary for the purposes of this administrative reconsideration. I am aware that CAPR may need to verify the information provided, and therefore CAPR may need to disclose my information to third parties. I consent to such disclosure.

If I am requesting an administrative reconsideration based on ill health, I also consent to the collection, use, and disclosure of my personal health information, as required for the purposes of this administrative reconsideration.

I understand that CAPR will not change a fail to a pass as a result of an Administrative Reconsideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>2</sup> "Extraordinary Circumstances" are situations outside of the control of the candidate which are not related to administrative issues on examination day or ill-health on examination day.



## Credit Card Authorization Form

**Client details:**

|                   |  |
|-------------------|--|
| <b>Client ID:</b> |  |
| <b>Full name:</b> |  |
| <b>Signature:</b> |  |

**Payment details:**

I authorize the Canadian Alliance of Physiotherapy Regulators to charge my credit card in accordance with the below information. *Note: Debit cards are not accepted.*

|                                |                        |
|--------------------------------|------------------------|
| <b>Amount (\$CAD):</b>         |                        |
| <b>Payment Method:</b>         |                        |
| <b>Name on card (print):</b>   |                        |
| <b>Card number:</b>            |                        |
| <b>Expiration Date:</b>        | <i>Month:</i>          |
|                                | <i>Year:</i>           |
| <b>CSC:</b>                    |                        |
| <b>Billing address:</b>        | <i>Address Line 1:</i> |
|                                | <i>Address Line 2:</i> |
|                                | <i>Address Line 3:</i> |
|                                | <i>City:</i>           |
|                                | <i>Province/State:</i> |
|                                | <i>Postal Code:</i>    |
|                                | <i>Country:</i>        |
| <b>Cardholder's Signature:</b> |                        |
| <b>Reason for payment:</b>     |                        |
| <b>Date:</b>                   |                        |

Forms sent by email **MUST** be submitted in a single document in .pdf format. Forms submitted in any other format **WILL NOT** be accepted.

If you are unable to adhere to this requirement, your form(s) should be mailed to the CAPR office at the address listed [here](#).