



TESTING ACCOMMODATION – MENTAL OR PHYSICAL DISABILITY NEEDS FORM **National Occupational Therapy Certification Examination (NOTCE)**

EXAM DATE: **November 17, 2018**

Application DEADLINE for special accommodations: **September 30, 2018**

If you have a disability that may require an accommodation when writing the National Occupational Therapy Certification Examination (NOTCE), please complete Section A of this form and forward it to a regulated health professional who has known you for a period of time and has been involved in the treatment of your disability.

In Section B, please ask the health professional to describe the accommodation needed to overcome the discriminatory effect of writing the exam in the usual method and/or environment, along with rationale of the recommendation. The health professional is to send the completed form directly to CAOT. Accommodation in other testing situations does not require CAOT to approve a request for accommodation in the administration of the NOTCE.

SECTION A - PERSONAL INFORMATION			(Completed by candidate)
Given name(s)		Family name	
Address			
City		Province	Postal Code
Telephone		E-mail	Country
Accommodation requested (Please specify)			

SECTION B	(Completed by regulated health professional)
I have known this candidate in my capacity as a (professional title) _____	
1. The NOTCE is taken on a Saturday over two (2) uninterrupted periods (9:00 am – 11:00 am, and 12:00pm -2:00 pm) in a common room with other candidates all seated at desks or tables. Describe how the disability impacts the person's ability to write the NOTCE in the usual method and/or environment, include functional limitations which prevents the candidate from writing the exam in the usual method and/or environment.	

Name _____	Telephone _____
Signature _____	Date _____