



# The Pharmacy Examining Board of Canada

## Le Bureau des examinateurs en pharmacie du Canada

200-59 Hayden Street, Toronto, ON M4Y 0E7 • Tel (416) 979-2431 • Fax (416) 260-5013 • [www.pebc.ca](http://www.pebc.ca)

### Health Professional Assessment and Recommendations

The Pharmacy Examining Board of Canada (PEBC) is the national certification body for the pharmacy profession in Canada. PEBC's purpose is to assess qualifications for pharmacists and pharmacy technicians on behalf of participating provincial regulatory authorities. PEBC evaluates qualifications, develops and administers examinations, including a national Qualifying Examination, and issues Certificates of Qualification. The rigorous certification process administered by PEBC ensures the quality of pharmacists and pharmacy technicians entering practice and is a vital component in the delivery of safe and effective health care to Canadians.

#### The purpose of exam accommodations:

A major component of PEBC's mission is to provide candidates with valid examinations and a fair examination process. For candidates with disabilities and resulting functional limitation(s), exam accommodations may ensure their equal access to the examination. The purpose of exam accommodations is not to guarantee a successful result nor to optimize performance, but rather to ensure that functional limitations do not prevent a candidate's equal participation in a PEBC examination compared to that of other individuals who do not have such limitations. Exam accommodations are intended to ensure that test-takers with disabilities are neither advantaged nor disadvantaged in comparison with non-disabled test takers.

#### Completing this form:

In order to enable us to assess your patient's request for exam accommodations, PEBC requires your completion of the PEBC *Health Professional Assessment and Recommendations* form and submission of other relevant supporting documentation, including objective evidence, to help determine:

1. whether your patient has a disability
2. whether this disability results in functional limitations that impact your patient's ability to participate equally in a PEBC examination under standard conditions
3. reasonable exam accommodations to lessen the impact of such functional limitations on your patient's ability to participate equally in a PEBC examination

A determination of your patient's functional limitations based solely on the patient's self-reporting of symptoms or limitations is not sufficient to qualify for exam accommodations. As such, we request that you objectively report functional limitations, their impact on your patient's ability to participate equally in the examination process, recommend appropriate and reasonable exam accommodations, and provide reasons as to how those accommodations will assist in your patient's equal participation in the examination process.

#### Submitting this form:

- PEBC requests that you complete this form electronically and completely, i.e. do not handwrite and respond to each question in full.
- You are not required to provide your patient's specific diagnosis.
- Attach any relevant information or supporting documentation such as medical and/or psychological/psychoeducational evaluations for PEBC to review.
- You must provide sufficient objective evidence confirming that your patient has a medical condition that results in functional limitations impacting their ability to participate equally in the examination process and sufficient details of those functional limitations.
- For all sections, use additional paper as required.
- Directly submit this completed form along with any supporting documentation to PEBC's Examination Administration Coordinator using one of the methods listed on the last page of this form.

## Section 1: Health Professional Identification and Acknowledgement

Full Name: \_\_\_\_\_  
Designation: \_\_\_\_\_ License/Cert. #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Fax: \_\_\_\_\_ Work Email: \_\_\_\_\_

I confirm that all the information on this form and any attachments are true and correct to the best of my knowledge. I understand that the information on this form and any attachments may be reviewed by a third-party including an exam accommodations consultant or other expert as part of PEBC's exam accommodations review process, and I hereby consent to the disclosure and use of such information for these purposes. I further acknowledge that the completed *Health Professional Assessment and Recommendations* form and any included attachments will be relied upon for the purpose of determining any reasonable exam accommodations and that the opinions contained therein may constitute a medicolegal opinion for legal purposes. By signing here, I confirm that I have read and understood the information on Page 1.

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

Date: \_\_\_\_\_  
dd / mm / yyyy

## Section 2: Patient Identification

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd / mm / yyyy

## Section 3: Confirmation and Summary of Patient Condition

1. Enter the date when you conducted your patient's diagnostic evaluation: \_\_\_\_\_  
dd / mm / yyyy
2. In 2 -3 sentences, describe the nature of your patient's functional limitations and how they impact daily life, e.g. interpersonal relationships, personal organization, employment, driving record, daily life activities. Do not comment here on their impact in academic settings, including examinations.

3. Did you consider any other conditions or factors that might explain any observed functional limitations (e.g. motivational factors) prior to making your diagnosis? If yes, how were these conditions or factors objectively evaluated?

## Section 4: PEBC Examination Formats and Information

The information below is provided in order to assist you in determining whether your patient's functional limitations will impact their ability to participate equally in the examination process.

### Computer-based Multiple Choice (MCQ) Examinations

The MCQs are computer-based examinations lasting up to 4.5 hours. They can be taken either on-site at a Test Centre or using Remote Proctoring. Candidates use an on-screen calculator and dry erase boards to make written notes.

**On-site at a Test Centre:** Exam rooms typically hold up to 15-20 candidates who sit at individual computer stations with dividing screens. Test rooms are quiet and controlled environments. Noise cancelling headphones/ear plugs are available.

**Using Remote Proctoring:** Exams are typically taken at the candidate's home in a room with the door closed. Candidates use their own computer and control their environment for noise and distractions. Remote Proctoring is recommended for candidates who request a separate room.

The PEBC website has more information including videos for the [Pharmacist Evaluating, Pharmacist Qualifying – Part I \(MCQ\)](#) and the [Pharmacy Technician Qualifying – Part I \(MCQ\)](#) Examinations.

### Objective Structured Clinical/Performance Examinations (OSCE/OSPE)

The OSCE/OSPE are multi-station performance exams with Interactive, Non-Interactive (written) and periodic Rest stations. OSCE/OSPE exams are conducted in quiet and controlled environments. Stations may involve limited reading (references, patient records, prescriptions, etc.) and/or limited writing (responding to questions on an answer sheet).

The Pharmacist OSCE is 7 minutes / station. The Pharmacy Technician OSPE is 6 minutes / station.

**Interactive stations:** Candidates interact with a Standardized Participant while an Assessor sits nearby observing. Interactive stations take place in rooms with the door closed.

**Non-Interactive stations:** Candidates are alone in a room with the door open. One section of the Pharmacy Technician OSPE is conducted with multiple candidates seated in their own desks in rows.

The PEBC website has more information including videos for the [Pharmacist Qualifying – Part II \(OSCE\)](#) and the [Pharmacy Technician – Part II \(OSPE\)](#) Examinations.

## Section 5: Assessment

Summarize the methods you used to identify and quantify the severity of your patient's functional limitations and highlight findings pertinent to the request for exam accommodations. Attach any relevant documentation such as formal assessments/evaluations, with the diagnosis redacted at your patient's discretion.

## Section 6: Summary of Functional Limitation(s)

List your patient's current functional limitation(s) including history and time frames that impact daily life and ability to participate equally in a PEBC examination under standard conditions.

	Functional Limitation(s)	History & Time Frames	Impact on Daily Life & Ability to Participate in Examinations
1			
2			
3			
4			
5			

## Section 7: Treatment

Indicate how treatments have impacted your patient's functional limitation(s) and what level of improvement is expected.

	Treatment	Impact on Functional Limitation(s) & Expected Improvement
1		
2		
3		
4		
5		

## Section 8: Recommended Exam Accommodation(s)

Recommend exam accommodations and provide a brief reason for each requested accommodation.

### Computer-based Multiple Choice (MCQ) Examinations

Additional Time

- ☐ Testing – during this time, candidate can view and answer questions

Multiplier: 1.25 x standard testing time

Reason: \_\_\_\_\_

**Note:** If more than 1.25 x standard testing time is required, tick “Testing” above and include the requested multiplier and reason in the “Other Accommodations” table below.

- ☐ Flexible Breaks (Stopped Time) – during this time, candidate cannot view and answer questions

Total # of Minutes: \_\_\_\_\_

Reason: \_\_\_\_\_

	Other Accommodations	Reasons for Accommodation
1		
2		
3		

### Objective Structured Clinical/Performance Examinations (OSCE/OSPE)

Additional Testing Time = additional 2 minutes / station

- ☐ Interactive stations

Reason: \_\_\_\_\_

- ☐ Non-Interactive stations

Reason: \_\_\_\_\_

**Note:** If more than an additional 2 minutes / station is required, tick “Interactive stations” and/or “Non-Interactive stations” above and include the requested number of minutes and reason in the “Other Accommodations” table below.

	Other Accommodations	Reason for Accommodation
1		
2		
3		

## Section 9: Submitting this form:

Directly submit this completed form along with any supporting documentation to PEBC's Examination Administration Coordinator using one of these methods:

email: [EAC@pebc.ca](mailto:EAC@pebc.ca)

- you may password-protect the completed and signed form and any supporting documentation with your patient's postal code in the format **a1b2c3** at your patient's discretion

fax: 416.260.5013 (Exam Accommodations fax line)

Attn: Examination Administration Coordinator

- if you fax, email [EAC@pebc.ca](mailto:EAC@pebc.ca) with the date and time you sent your fax

courier: Examination Administration Coordinator

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- send documents by courier with a tracking number
- email [EAC@pebc.ca](mailto:EAC@pebc.ca) with the date you mailed your documents and the tracking number