



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) 599-9244 · www.pebc.ca

Request for Exam Accommodations

1. Complete this form (electronically) if you have needs or limitations connected to a protected ground under applicable human rights legislation, which may impact your ability to take a PEBC examination under standard conditions. See last page for how to send this form and supporting documentation to PEBC.
2. If you require additional space to fill out this *Request for Exam Accommodations* form, type your responses on a separate document and include with your submitted form.
3. PEBC must receive this form and all supporting documentation by the [exam deadline date](#). However, it is recommended that you submit your request as early as possible in the event PEBC has further questions regarding your request or requires additional supporting documentation. Requests for exam accommodations will not be considered if received after the deadline.
4. You must submit a new *Request for Exam Accommodations* form each time you apply for a PEBC examination.
5. Contact PEBC at EAC@pebc.ca for guidance if you require assistance with this process.

PEBC's Duty to Accommodate

PEBC recognizes and is committed to meeting its duty to accommodate candidates based on needs or limitations relating to protected grounds under applicable human rights legislation, including the grounds of disability and religion. Reasonable exam accommodations, supported by objective evidence demonstrating the need for such accommodations, will be provided up to the point of undue hardship.

It is important to recognize that the purpose of exam accommodations is not to guarantee a successful result or to optimize your performance. Rather, exam accommodations are provided to minimize the impact of any needs or limitations connected to a protected ground on your ability to equally participate in a PEBC examination alongside other individuals who do not have such needs or limitations.

Assessment of Request for Exam Accommodations

PEBC will review all requests for exam accommodations received by the exam deadline date. Please note that, after reviewing your request for exam accommodations, PEBC may determine that no exam accommodations are required. Reasons why a request for exam accommodations may be denied include, but are not limited to, the following:

- the request was not linked to a protected ground
- the information and evidence provided was not sufficient to support the existence of a protected ground and/or a need for exam accommodations
- the evidence did not demonstrate that failure to provide the requested exam accommodations would impose an unfair burden, obligation, or disadvantage based on a protected ground
- your request did not contain complete information or sufficient objective supporting evidence, or such information was provided after the deadline
- objective evidence was received that contradicts the information provided by you

Need for Objective Evidence

You must submit objective evidence demonstrating that your functional limitations or other needs and limitations relating to a protected ground impact your equal participation in a PEBC examination. With respect to requests for exam accommodations based on disability, self-reporting of symptoms, including to a health professional who completes the *Health Professional Assessment and Recommendations* form, is not considered objective evidence. Depending on the nature of your disability, objective evidence includes, but is not limited to, formal psychoeducational/psychological assessments, copies of elementary, high-school and university transcripts, any childhood or adult information corroborating significant functional impairment, written letters of concern from educational settings due to severe inattention and impulsivity symptoms, evidence of multiple traffic accidents, formal warnings from employers due to inattention/errors, performance on standardized tests when no extra time was given.

- B. For each functional limitation, describe in detail its impact on your current:
- day-to-day functioning/daily life activities, i.e. not on your ability to take PEBC exams
 - pharmacy-related work activities (if applicable)

- C. Describe the measures you take to manage your functional limitation(s) in your day-to-day life. Also, describe the impact these measures have on your functional limitation(s).

- D. If applicable, describe the accommodations you receive(d) in a pharmacy setting (at work and/or during your experiential practice rotations) to reduce the impact of your functional limitation(s).

Section 4: For Pregnancy or Recent Childbirth

Describe any aspects of pregnancy or recent childbirth you are experiencing, e.g. medical issues, the need to express milk, that require exam accommodations.

Section 5: For Religious Beliefs or Other Circumstances Connected to a Prohibited Ground

Describe your belief(s) or circumstances that require exam accommodations. Include details about the specific needs or limitations that impact your ability to participate equally in the examination. If you are submitting a request for exam accommodations based on religious grounds, include information/evidence indicating your participation in that religion, the length of your participation, and the specific religious beliefs that require exam accommodations.

Section 6: History of Exam Accommodations

List all the exams from any educational institutions or other examining bodies where you previously received exam accommodations. Submit supporting documentation on official letterhead that states the details of these exam accommodations. If no documentation is available, give a short explanation.

	Date(s)	Exam / Institution	Explanation if no documentation
1			
2			
3			
4			

Section 7: Exam Accommodations Requested

- A. Select the exam accommodations you are requesting and give a brief reason explaining how each accommodation reduces the impact of your functional limitation(s) on your ability to participate equally in a PEBC examination.

Evaluating / Qualifying Examination – Part I (MCQ)

Additional Time

- Testing – during this time, you 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 Part C below.

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

Total # of Minutes: _____

Reason: _____

Complete the details of your MCQ Exam Appointment Request.

How do you wish to take your MCQ examination?

- at a test centre using remote proctoring

For exams offered on [multiple dates](#), list all the dates you are able to take your examination.

What time are you able to take your examination? Select all that apply.

- early morning late morning/early afternoon late afternoon

Note: Completing the details of your MCQ Exam Appointment Request does not guarantee how your exam appointment will be scheduled. Scheduling your exam appointment depends on availability and appropriateness for your exam accommodations, if granted.

Qualifying Examination – Part II (OSCE/OSPE)

Additional Testing Time = extra 2 minutes / station

- Interactive stations

Reason: _____

- Non-Interactive stations

Reason: _____

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

- B. List the equipment or assistive devices (e.g. wheelchair, lumbar support, hearing aids/cochlear implants, etc.) you are requesting to use during the examination and give a brief reason for each.

	Request	Reason
1		
2		
3		
4		
5		

- C. List any other exam accommodations you are requesting and give a brief reason for each.

	Request	Reason
1		
2		
3		
4		
5		

Section 8: Supporting Documentation Required

Submit supporting documentation with this form in order for PEBC to verify your current functional limitation(s) or circumstances and assess your request for exam accommodations. It is your responsibility to provide or arrange for acceptable documentation. Tick all that apply to you.

A. For all requests:

- Documentation from any educational institutions or other examining bodies where you previously received exam accommodations.

B. For requests relating to medical/disability issues:

- One or more **completed** *PEBC Health Professional Assessment and Recommendations* forms filled out by the regulated health professional(s) overseeing your care:
1. Email the form(s) to your health professional(s) or direct them to the [PEBC website](#) for download.
 2. Instruct your health professional(s) to:
 - fully complete the form electronically (i.e. not handwrite) and in detail
 - make specific recommendations for exam accommodations as they relate specifically to the MCQ and/or OSCE/OSPE exams
 - submit the completed form along with any supporting documentation directly to PEBC (not via you) by the [exam deadline date](#) (direct health professional to the contact information on the form)
- A **current*** assessment of your functional limitation(s) including objective evidence (see Page 1) where applicable. If the assessment is older than indicated in the chart below, a written confirmation from the regulated health professional overseeing your care that the functional limitations are still actively present and being managed is required.

*dated no earlier than (before date in Section 9)	Exam accommodations relating to
1 week	Non-permanent injuries such as broken bones, sprains, etc.
2 weeks	Pregnancy, religious beliefs
6 months	Psychiatric disabilities
3 years	ADHD, learning disabilities (if assessment conducted before the age of 18) and all other disabilities
No expiry	Physical or sensory disabilities that are permanent or unchanging

C. For requests relating to religious beliefs or other circumstances relating to a protected ground:

- For religious belief(s), provide evidence indicating your participation in that religion, the length of your participation, and the specific religious beliefs that require accommodation. A letter from a religious guide or leader to aid PEBC in understanding your restrictions and potential exam accommodations is preferred.
- For other circumstances relating to any other human-rights protected ground, provide all relevant supporting documents to demonstrate your restrictions and aid PEBC in assessing potential exam accommodations.

Note: PEBC may require an independent or new medical or other assessment of your functional limitation(s) and exam accommodations.

Section 9: Authorization & Acknowledgement

I certify that, to the best of my knowledge, the information provided on this *Request for Exam Accommodations* form is true and accurate.

I acknowledge and accept that:

1. In order for my request for exam accommodations to be reviewed and considered, PEBC must receive this form and all required supporting documentation by the [exam deadline date](#).
2. All requests are confidential and subject to review and approval by PEBC. The personal information I provide as part of my request shall only be collected, used, and disclosed as is reasonable for the purpose of reviewing and assessing my request and providing any exam accommodations that may be required or in any related proceedings. Any information I provide to PEBC with respect to this request for exam accommodations shall not be used or disclosed except to the extent required for the purposes as outlined above. By signing this form, I expressly consent to the collection, use and disclosure of my personal information for the above-noted purposes.
3. PEBC assesses requests for exam accommodations on an individual basis and, if deemed appropriate, provides reasonable exam accommodations up to the point of undue hardship in accordance with its obligations at law.
4. No changes will be made to exam content, exam assessment, exam format, PEBC rules of conduct, and policies and procedures relating to same.
5. I have an obligation to participate in the request for exam accommodations process, meaning:
 - It is my responsibility to supply sufficient information and evidence to support my request.
 - I agree to respond promptly to PEBC's requests for information, if any, and when given any deadline, I agree to respond to PEBC to the best of my ability by the requested deadline, or inform PEBC at the earliest opportunity if any extension to a deadline is required.
 - PEBC may require additional information to support my request, including from a health professional overseeing my care. I agree to provide such information and contact health professionals when requested by PEBC to do so.
6. I am responsible for any costs associated with this request for exam accommodations such as payment of invoices from health professionals for assessments or to respond to PEBC's questions.
7. In advance of the exam date, I am required to sign an exam accommodations agreement confirming my acceptance of the exam accommodations offered by PEBC for multiple-choice and/or performance (OSCE/OSPE) examinations. This letter will be shared with OSCE/OSPE exam centres.
8. For both computer-based (MCQ) and performance (OSCE/OSPE) examinations, exam accommodations may not be available at my preferred location, date or time. Subject to PEBC's obligations at law, PEBC reserves the right to assign me to an exam centre where my exam accommodations are available, as certain exam accommodations may not be available at some exam centres. This may require that I accept assignment to an exam centre other than my preferred exam centre choice(s) and incur all costs related to travel. For computer-based (MCQ) examinations, I may also be required to accept assignment on a day or at a time other than my preferred choice(s) and/or to take your exam using remote proctoring.
9. I shall be bound by the conditions of the exam accommodations agreement once signed by me, as some exam accommodations have significant cost and other resource implications.
10. After I attempt a PEBC examination, PEBC will not consider complaints or appeals based on an assertion that the exam accommodations listed in the executed exam accommodations agreement letter were not adequate or that not receiving exam accommodations was inappropriate. Any concerns regarding the sufficiency of the offered exam accommodations must be resolved with PEBC in advance of the examination and documented in an executed exam accommodations letter.

I authorize:

1. PEBC to contact the professionals and entities providing supporting documentation on my behalf with this request for exam accommodations, for the purpose of obtaining further relevant information to evaluate my request, and, as needed, to share my request for exam accommodations and supporting documentation with third-party expert consultants (e.g. medical, legal) for the purpose of obtaining expert advice in evaluating my request. I may withdraw this authorization at any time, in writing, addressed to the PEBC Examination Administration Coordinator.
2. The professionals and entities contacted by PEBC in accordance with paragraph 1 above to provide PEBC with all requested information relating to this request for exam accommodations.

Name (Print): _____

Signature: _____

Date: _____

dd / mm / yyyy

Section 10: Sending Your Documents to PEBC

Send this completed *Request for Exam Accommodations* form along with any supporting documentation to PEBC's Examination Administration Coordinator via one of the following methods:

email: EAC@pebc.ca

- include your PEBC ID # (if known) in the subject line
- PDF preferred (do not send each page as a separate image file)
- you may password-protect documents with your postal code that PEBC has on file in the format a1b2c3 (all lowercase letters with no spaces)
- if you need help adding a password, contact EAC@pebc.ca before completing the form

fax: 416.260.5013 (Exam Accommodations fax line)

Attn: Examination Administration Coordinator

- if you fax, email EAC@pebc.ca with the date and time you sent your fax

courier: Examination Administration Coordinator
The Pharmacy Examining Board of Canada (PEBC)
200-59 Hayden Street
Toronto, ON M4Y 0E7

- send documents by courier with a tracking number
- email EAC@pebc.ca with the date you mailed your documents and the tracking number