



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

Request for Exam Accommodations

1. Complete this form (electronically) if you have permanent or temporary functional limitation(s) which may substantially affect your ability to take a PEBC exam under standard conditions.
2. If you require additional space, type your responses on a Word document and include with your submitted *Request for Exam Accommodations* form.
3. PEBC must receive this form and all supporting documentation by the exam application deadline. However, you are encouraged to submit your request as early as possible.
4. You must submit a new form each time you apply for a PEBC exam.
5. All requests are confidential and subject to review and approval by PEBC.
6. Contact PEBC at kkempe@pebc.ca for guidance.
7. Send completed form along with any supporting documentation to PEBC's Examination Administration Coordinator via:

email: kkempe@pebc.ca

include your PEBC ID # (if known) in the subject line and password protect documents with your postal code that PEBC has on file in the format **a1b2c3**

fax: 416.260.5013

attn: Examination Administration Coordinator

mail: Examination Administration Coordinator
The Pharmacy Examining Board of Canada (PEBC)
717 Church Street
Toronto, ON M4W 2M4

Section 1: Identification

Surname/Family Name: _____

First Name and Middle Name(s): _____

PEBC ID# (if known): _____ Date of Birth: _____

dd/mm/yyyy

Section 2: Examination Information

Select your profession and exam type, proposed exam date and your preferred exam city.

Profession: Pharmacist

Exam Type: Evaluating

Pharmacy Technician

Qualifying – Part I (MCQ)

Qualifying – Part II (OSCE/OSPE)

Exam Date: _____ Preferred City: _____

mm/yyyy

Note: Exam accommodations are not always available at every site. You may need to travel to a site different from your requested site when necessary.



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Section 3: Functional Limitation(s)

A. List and describe your current functional limitation(s). You are not required to provide a diagnosis.

B. For each functional limitation, describe the impact on your current:

- day-to-day functioning/daily life
- work activities (if applicable)

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



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- D. If applicable, describe the accommodations you receive at work to reduce the impact of your functional limitation(s).

Section 4: Exam Accommodations Requested

- A. Select the exam accommodations you are requesting and give a brief reason for each.

Evaluating / Qualifying Examination – Part I (MCQ)

- Separate Room – for exams taken on-site at a test centre

Reason: _____

Additional Time

- Testing – during this time, you **can** view and answer questions

Minutes/Hour: _____

Reason: _____

- Flexible (Stopped) Break(s) – during this time, you **cannot** view and answer questions

Minutes/Hour: _____

Reason: _____

Qualifying Examination – Part II (OSCE/OSPE)

Additional Testing Time (3 minutes / station)

- Interactive stations

Reason: _____

- Non-Interactive stations

Reason: _____



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

	Request	Reason
1		
2		
3		

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

	Request	Reason
1		
2		
3		

Section 5: Accommodation History

- D. List all the exams from any educational institution(s) or other examining bodies where you previously received exam accommodations. Provide supporting documentation on official letterhead that states the details of previously granted exam accommodations. If no documentation is available, give a short explanation:

	Date(s)	Exam / Institution	Explanation if no documentation
1			
2			
3			
4			
5			
6			



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Section 6: 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 issues:

- A **completed** *PEBC Health Professional Assessment and Recommendations* form filled out by the regulated health professional overseeing your care:
1. If possible, email the form to your health professional and request health professional to complete electronically; otherwise, give printed copy.
 2. Instruct your health professional to:
 - fully complete the form in detail
 - make specific recommendations for exam accommodations as they relate to the MCQ and/or OSCE/OSPE exams
 - submit the completed form along with any supporting documentation such as a medical or psychological/psychoeducational evaluation directly to PEBC by the exam application deadline (direct health professional to the contact information on the form)
- A **current*** assessment of your functional limitation(s). If the assessment is older than indicated in the chart below, a written confirmation from a regulated health professional that the functional limitations are still actively being managed is required.

*Guidelines for Current Documentation

dated no earlier than (before date in Section 7)	Accommodations relating to
1 week	Non-permanent injuries such as broken bones, sprains, etc.
6 months	Psychiatric disabilities
3 years	Learning disabilities, ADHD and all other disabilities
No expiry	Physical or sensory disabilities that are permanent or unchanging

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



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Section 7: 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. PEBC must receive this form and all supporting documentation prior to the exam application deadline.
2. Any information provided to PEBC with respect to this request for exam accommodations is confidential.
3. PEBC assesses requests for exam accommodations on an individual basis and, if deemed appropriate, provides reasonable exam accommodations.
4. No change will be made to exam content, exam assessment or PEBC rules and policies.
5. PEBC may require additional information from me and/or a health professional overseeing my care. 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. I also agree to contact health professionals when requested by PEBC to do so.
6. In advance of the exam date, I am required to sign an agreement letter to accept the exam accommodations being offered by PEBC. For OSCE/OSPE, this letter is shared with exam centres.
7. For computer-based multiple-choice exams that are conducted on-site at testing centres, exam accommodations offered may not be available at all testing centres, on my preferred date and/or at my preferred time. The testing provider will advise me of the testing centres, dates and times that are available.
8. For OSCE/OSPE exams conducted at PEBC exam centres, exam accommodations offered may not be available at all PEBC exam centres. PEBC reserves the right to schedule my exam at an exam centre where my exam accommodations are available. This requires that I accept assignment to an exam centre other than my preferred choice(s) and travel to the exam centre location at my own expense.
9. I am bound by the conditions of the agreement letter as some exam accommodations have significant cost and other resource implications.

I authorize:

1. PEBC to contact the professionals and entities providing supporting documentation on my behalf for this request for exam accommodations to obtain further relevant information, and, as needed, expert consultants (e.g. medical, legal). I may withdraw this authorization at any time in writing, addressed to the PEBC Examination Administration Coordinator.
2. The professionals and entities to provide PEBC with all requested information relating to this request for exam accommodations.

Name (Print): _____

Signature: _____

Date: _____
dd/mm/yyyy