



Verification of candidate's condition

To be completed by the candidate

Candidate name	
Do you authorize the health care professional named below to share information concerning the functional impact of your condition (disability, medical condition, pregnancy-related need, or maternity-related need) with CARB-TCMPA for the purpose of addressing your accommodation request?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Candidate's signature

Date

Description of the Pan-Canadian Examinations

The examinations test competencies required for entry-level practice, with a focus on those competencies that have the most direct impact on the protection of the public and on safe, effective, and ethical practice. The questions assess the following levels of cognitive ability: remembering, comprehension and application, and analysis and interpretation.

The examinations are self-study. For the period between October 2020 and April 2022, and possibly beyond, each examination comprises a multiple-choice and clinical case component, each 2.5 hours (Acupuncturists/ TCM Herbalists exams) or 3.5 hours (TCM Practitioners exams) held on consecutive days.

The examinations contain a mixture of case-based and independent multiple-choice, paired true-and-false, multiple-select, and drag-and-drop reorder questions. The examination is delivered through a secure, browser-based platform that can lock the computer down to prevent candidates from accessing anything other than the examination. Online proctoring is remote and is performed via webcam.

Candidates may 'bookmark' or 'flag' questions to which they wish to return. The examination is best viewed using one of the three available font sizes. Candidates may zoom in and out using their mouse, which will result in a scroll bar being used to navigate within the question.

Information for health care professionals

The Candidate has requested accommodation for a Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA) licensing examination based on disability. In order to address the Candidate's request, CARB-TCMPA requires supporting medical documentation from a regulated health care professional licensed to diagnose the disability for which accommodation is being requested.

Your input will be essential in determining appropriate examination accommodations for the Candidate. You must have made, or be able to confirm, the diagnosis of the disability for which the Candidate is requesting accommodation.

The goal of the accommodation is to create an equitable examination by ensuring that licensing candidates are not effectively barred from qualifying for practice because of one or more Human Rights Code grounds.

Please be sure the Candidate has signed above. You must answer the questions below, attaching appendices where additional space is necessary.

To be completed by the regulated health care professional

Please ensure that your responses are LEGIBLE.

Name	
Profession	
Name of regulatory body	
Licence / registration number	
Office / organization	
Mailing address	
Daytime phone	

In the section below, please describe your professional qualifications including information about (a) your area(s) of practice, (b) any specialties, and (c) any experience you have assessing and/or recommending accommodations for test-takers.

Candidate name	
How long has the candidate been in your care?	
Do you confirm that the candidate has a condition* that affects their ability to write the examination(s) under standard testing conditions as outlined above? (*disability, medical condition, pregnancy-related need, or maternity-related need)	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was the candidate diagnosed with this condition?	
Did you diagnose this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not diagnose this condition, did you confirm this condition? (leave blank if answer above is "yes")

Yes

No

How did you diagnose or confirm this diagnosis? (select all that apply)

one or more specific medical tests

medical observation

self-report

other method(s):

Please describe the functional limitations associated with the Candidate's condition (disability, medical condition, pregnancy-related need, or maternity-related need) and explain how they impact the Candidate's ability to complete the examination under standard testing conditions as outlined above.

Recommended accommodation(s)

I confirm that the information I have provided is accurate to the best of my knowledge and expertise and is within my scope of practice.

Health care professional's signature

Date

Medical stamp