



National Occupational Therapy Certification Examination (NOTCE)

SECTION A - PERSONAL INFORMATION

Full Name:	
Telephone:	E-mail:
Exam Date:	Requested exam site (City):

SECTION B - ACCOMMODATION INFORMATION

The National Occupational Therapy Certification Exam (NOTCE) will be administered under special conditions for those candidates who require accommodations. Administration of the exam under special conditions will not be granted to candidates whose mother tongue is neither English nor French for the sole reason that their native language is one other than English or French. The three factors to be taken into account when considering requests for accommodation are: a) the needs of the candidate; b) preservation of the integrity of the examination, and c) the ability of CAOT to provide resources. No accommodation request will be granted which jeopardizes the integrity or validity of the examination results. CAOT will release information to the testing provider that is necessary for the accommodation process.

SECTION C - ACCOMMODATION REQUEST

Under what grounds are you applying for accommodations?

Disability:

Other  (please specify): \_\_\_\_\_

Please describe the type of accommodation you are requesting (Please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit (exam@caot.ca) supporting document for this request:**

- Form B: TESTING ACCOMMODATION – MENTAL OR PHYSICAL DISABILITY NEEDS FORM- Must be completed by a regulated health professional.
- OR**
- Supporting document from your university describing specific accommodation granted (accessibility services ).
- OR**
- Supporting document from your religious leader confirming the need for accommodation.

SECTION D - DECLARATION

I confirm that the above information is accurate and I recognize that CAOT will release information to a third party ( e.g. invigilator, testing service) regarding the type of accommodation to be provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

