

**TESTING ACCOMMODATION - Documentation of disability related needs
National Occupational Therapy Certification Examination (NOTCE)**

If you have a disability that may require testing accommodations when writing the National Occupational Therapy Certification Examination (NOTCE), please complete **Section A** on this form and forward this form to a regulated health professional who has known you for a period of time and has been involved in the treatment of your disability.

In **Section B**, the regulated health professional must describe the accommodations needed to mitigate the discriminatory effect of writing the exam in the usual method and/or environment, along with a rationale of the recommendation. **The regulated health professional is to send the completed form directly to CAOT.**

SECTION A - PERSONAL INFORMATION (Completed by candidate)		
Given name(s)	Family name	
Address		
City	Province	Postal Code
Telephone	E-mail	Country

SECTION B (Completed by a regulated health professional)	
I have known this candidate in my capacity as a (professional title) _____	
1. I verify that the candidate has a diagnosed disability (may include a DSM diagnosis). <input type="checkbox"/> YES <input type="checkbox"/> NO Please note: if the disability has not been diagnosed by a regulated health care professional who is qualified to make such a diagnosis, the candidate may not be granted accommodations. "Test anxiety" is normally not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.	
2. <input type="checkbox"/> The recognized diagnosis was provided by me. <input type="checkbox"/> The diagnosis was recognized by another qualified regulated health professional.	
3. The NOTCE is a multiple choice computer based exam over 4.75 hours (2 hours for part 1/ break /2 hours for part 2). Describe how the disability impacts the person's ability to write the NOTCE in the usual method and/or environment, including functional limitations which prevent the candidate from writing the exam in the usual method and/or environment. _____ _____ _____	
4. I recommend the following accommodations (please be as specific as possible). A clear link must be made between the candidate's disability and how it is addressed by the accommodation: _____ _____ _____ _____ _____	
Name: _____	Telephone: _____
Signature: _____	Date: _____
Registration/Licence Number _____	

**Directly forward the completed form to exam@caot.ca and please e-mail a copy the exam candidate.
When using fax, please send to: 613-523-2552**