

**TO BE COMPLETED BY THE APPLICANT:**

Name:

Registration number:

Address:

Phone number:

What factors related to your disability\* are a barrier to you during an exam?

\*You may, but are not required to, disclose a specific diagnosis.

**ACCOMMODATION REQUESTED FOR EXAM:**

Private room

Additional time (please specify time needed):

In person Reader

Screen reader

Other (please specify):

By signing this form, I (print name): \_\_\_\_\_ authorize the release of information regarding my disability, disorder, condition and/or history of special accommodations as specified in this document from my Health Care Professional and/or Post-Secondary Institution.

I understand that the information concerning my case will be shared with the CLHA, and only the type of accommodation needed will be shared with the examination administer (Yardstick).

I understand that the adjustments made for the AHRE may not be the same as those provided in other contexts (i.e. at school). The CLHA will inform me about the type of accommodations granted.

I understand that I may be required to travel to an approved exam centre if special resources are required to support my accommodation request for a reader.

I understand that if travel is required, I am responsible for all associated travel costs.

Signature:

Date:



### **SUPPORTING MEDICAL INFORMATION**

3. Please indicate if the limitations and restrictions arising from the applicant's disability, disorder or medical condition would support any of the following accommodations (check all that apply):

Private room

Additional time to write exam (please specify time needed):

In person Reader

Screen Reader

Other (please specify):

### **HEALTH PROFESSIONAL INFORMATION**

Name (please print):

Professional designation:

Registration/License #:

Business address:

E-mail:

Telephone:

Signature:

Date:

**Please ensure that this completed form, along with any other relevant information is sent directly to:**

HCA Exams  
College of LPNs and HCAs of Alberta  
St. Albert Trail Place  
13163 146 Street,  
Edmonton, Alberta T5L 4S8

or email to [hcaexam@clha.com](mailto:hcaexam@clha.com)