

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:

TO BE COMPLETED BY THE POST-SECONDARY INSTITUTION:

If the applicant has been provided with exam accommodations during their Alberta Health Care Aide education program, please answer the following:

Describe any past accommodations granted for the disability, including accommodations provided to the applicant in testing situations during their health care aide program:

POST-SECONDARY INSTITUTION INFORMATION

Institution Name (please print):

Institution address:

Signatory Name (please print):

Signatory Title (please print):

Email:

Telephone:

By signing this form, I (print name)
certify all information is true and correct to the best of my knowledge.

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