

EXAM SPECIAL ACCOMMODATION REQUEST FORM

Note: The personal information in this form is being collected to assess whether special accommodation is needed to allow the candidate to complete an examination required by the *Safety Standards Act*. Any personal information collected is handled in accordance with the British Columbia *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

Instructions: This form must be completed and submitted with the application for examination at least 3 weeks before the requested exam date. If an exam reader is requested, the exam reader must complete Schedule A: Exam Reader Application on page 3.

A. Applicant Information (To be completed by the applicant):

Legal First Name:	Legal Last Name:	Phone number:
Email Address:		Birth Month and Year:
Requested Exam Month:	Exam Name:	Exam Duration:
Exam Technology:		

B. Professional Assessor Information (To be completed by the professional assessor):

A professional assessor is a licensed physician, education psychologist, learning disability specialist, disability service advisor or a trained staff employed by a learning disability resource centre at a public high school or post-secondary institution.

Professional Name:		Professional Title:	
Organization Name: <i>(Professional Institution or Facility)</i>			
Organization Address			
Unit/ Suite No:	Civic No:	Street Name:	Street Type:
City:		Province:	Postal Code:
Email Address:		Phone number:	

C. Accommodation Information (To be completed by the professional assessor):

Special accommodation required
<input type="checkbox"/> Exam reader <i>(please complete page 3)</i> Identify the condition or disability: _____
<input type="checkbox"/> Extra time Identify the condition or disability _____ Amount of additional time required _____ min
<input type="checkbox"/> Separate exam room
<input type="checkbox"/> Other (please specify): _____

Continue to page 2 for professional assessor and applicant declaration

D. Professional Assessor Declaration (To be completed by the professional assessor):

<input type="checkbox"/> I certify that the information I have provided is accurate and I understand and agree that Technical Safety BC reserves the right to verify the accuracy of this information.	
<input type="checkbox"/> I understand that I may be required to provide a further assessment of the applicant's ability to perform safety critical work and the results of this assessment may result in terms & conditions being applied to the applicant's certificate of qualification.	
Professional Signature:	Date:

E. Applicant Declaration (To be completed by the applicant):

<input type="checkbox"/> I understand that if I pass the examination and meet all other certification requirements, Technical Safety BC will consider whether my medical condition or learning disability could impact my ability to perform regulated work safely. I understand that a further assessment by a medical practitioner or other occupational assessment expert may be conducted to determine my ability to perform safety critical work, and terms & conditions may be added to my certificate of qualification.	
<input type="checkbox"/> I authorize the professional above to provide the information in this form for the purpose of an accommodation request with Technical Safety BC. I authorize the release of this completed form to Technical Safety BC to review and process my special accommodation request.	
<input type="checkbox"/> I certify that the information I have provided is accurate and I understand and agree that Technical Safety BC reserves the right to verify the accuracy of this information. Technical Safety BC may decide to suspend or revoke a certificate of qualification when there are reasonable grounds to believe false or misleading information was provided during the application process.	
Applicant Signature:	Date:

Continue to page 3 for Schedule A: Exam Reader Application

Schedule A: Exam Reader Application

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Instructions: only complete this section for requests for exam reader.

A. Exam Reader Information (To be completed by the exam reader):

Legal First Name:		Middle Initial:	Legal Last Name:	Date of Birth:
Unit/Suite No:	Civic No:		Street Name:	Street Type:
City:		Province:	Postal Code:	
Email Address:			Phone number:	

A. Exam Reader Declaration (To be completed by the exam reader):

<ol style="list-style-type: none"> 1. I agree to act as the Reader for the above-named examination candidate for the purpose of completing his/her certification examination. 2. I am not related to the examination candidate either through birth or marriage. 3. I will read aloud the printed question and answer options for the candidate, providing no additional information or interpretation of any kind. 4. I will not assist the candidate in any manner to answer questions. 5. I will not provide any prohibited assistance such as performing any calculations, measurements, referencing code clauses or regulations, or marking answer selections on behalf of the candidate. 6. I am not a certified journeyman, employed or have practical knowledge in this regulated trade or any related trade to this certification class. 7. I will not disclose directly or indirectly any information with respect to the content of the examination to any person. 8. I will not reproduce or summarize the content of the exam in any form. 9. I understand that this individual exam session will be monitored by a Technical Safety BC invigilator and may also be recorded and reviewed at a later date. 10. My failure to abide by the terms of this acknowledgment may impair the above-named examination candidate the ability to obtain, or retain, a certificate of qualification as well as my ability to act as a reader on future exams. 11. I certify that the information I have provided is accurate and I understand and agree that Technical Safety BC reserves the right to verify the accuracy of such information. 		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Exam Reader Signature:</td> <td style="padding: 5px;">Date:</td> </tr> </table>	Exam Reader Signature:	Date:
Exam Reader Signature:	Date:	