



# JURISPRUDENCE EXAM ACCOMMODATION REQUEST

For Registration Committee

The College will provide reasonable examination accommodation to an exam candidate with a disability to the point of undue hardship in accordance with the B.C. *Human Rights Code*. Exam candidates who seek examination accommodation due to his/her disability must submit the request for examination accommodation using this form and other information required under *Registration Committee Policy-4* **at least 8 weeks before the exam date** in order to allow for consideration of the request by the Registration Committee and arrangement of accommodations if approved. The information collected with this request will be treated as confidential in accordance with the *Freedom of Information and Protection of Privacy Act of British Columbia*.

1. EXAM CANDIDATE INFORMATION		
Legal Last Name	Legal First Name	eServices ID

2. EXAM SITTING INFORMATION		
Exam Date  MMM   DD   YYYY	Exam Time TO START   END	Exam Location (City)
Exam Registration Status <input type="checkbox"/> Registered on (date): _____ <input type="checkbox"/> Will register when registration opens		

3. ADDITIONAL INFORMATION		
<b>Attach the following documentation(s) to this form:</b>  <input type="checkbox"/> <b>REQUIRED:</b> Documentation(s) from a health professional that outlines the nature of the disability, along with an explanation of the functional impact of the disability with respect to the examination(s). Note #1: A diagnosis alone is not sufficient to support a request for an accommodation. Note #2: The documentation must be issued by the health professional within 6 months of the exam date. Note #3: The health professional who provided the documentation must: <ul style="list-style-type: none"> <li>Be appropriately certified or licensed to practice their profession.</li> <li>Have specific training, expertise and experience in the diagnosis of the condition(s) for which the accommodation is being requested;</li> </ul> <input type="checkbox"/> <b>IF AVAILABLE:</b> documentation from your educational institution if you are/were provided with academic accommodations.		
<b>Other information for the Registration Committee to consider<sup>§§</sup>:</b>		
Signature	Print Name	Date  MMM   DD   YYYY

§§ Attach a separate page if more space is needed

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act (the Act)*. The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969.