



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 their disability must submit the request for examination accommodation using this form at least 8 weeks before the exam date to allow for consideration of the request by the Licence 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*.

**STEPS 1 – 3 INCLUSIVE TO BE COMPLETED BY THE EXAM CANDIDATE:**

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
<p><b>Attach the following documentation(s) to this form:</b></p> <p><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 writing the JE (computer-based exam).                      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 JE exam date.                      Note #3: The health professional who provided the documentation must:</p> <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> <p><input type="checkbox"/> <b>IF AVAILABLE:</b> documentation from your educational institution if you are/were provided with academic accommodations.</p> <p><b>Other information for the Licence Committee to consider<sup>36</sup>:</b></p>



**STEPS 6 – 8 INCLUSIVE TO BE COMPLETED BY A QUALIFIED HEALTH CARE PRACTITIONER:**

#### 4. Health Care Practitioner Information

Name

Title

Qualifications (Identify your qualifications/expertise to provide a diagnosis of a disability and a medical opinion on the need for accommodation)

Practitioner ID

Practice Type

#### 5. Disability Assessment and Evaluation

Identify the specific nature of the disability, including a medical diagnosis and the duration of the disability:

Indicate the last date of treatment or consultation with the applicant:

Identify specific diagnostic data supporting the diagnosis, including any professional recognized tests/assessments taken by the applicant, the resulting scores and interpretation of results. Please provide copies of supporting documentation with this form.

Explain the aspect of the disability which requires testing accommodation, and the effect on the disability of the candidate's ability to perform under standard testing conditions.

#### 6. CPBC Jurisprudence Examination

The College of Pharmacists of BC Jurisprudence Examination:

- Is a computer-based exam, either taken in person at a test centre or via remote proctoring,
- Is a 3-hour multiple choice exam,
- consists of 150 questions,
- is a closed book exam, and
- candidates only have access to a copy of the drug schedules

Please provide your medical opinion on the applicant's ability to complete CPBC's Jurisprudence Examination.



### 7. Accommodation Recommendations

Based on your knowledge of this applicant's disability, provide recommended accommodations for the Jurisprudence Examination. Please describe how the recommended accommodations relate to the applicant's disability.

### 8. Acknowledgement

To the best of my knowledge the above information is complete and accurate.

Signature

Date

MMM | DD | YYYY

Address

Phone Number

\*Attach a separate page if more space is needed

Submit Information directly to the College of Pharmacists of BC by email: [jeadmin@bcpharmacists.org](mailto:jeadmin@bcpharmacists.org) or by fax: (604)-733-2493.