

ACOTRO

ASSOCIATION OF CANADIAN OCCUPATIONAL
THERAPY REGULATORY ORGANIZATIONS



ACORE

ASSOCIATION CANADIENNE DES ORGANISMES
DE RÉGLEMENTATION EN ERGOTHÉRAPIE

Request for Accommodation

Under the applicable human rights legislation in each province in Canada, individuals are protected from discrimination on certain prohibited grounds and may be entitled to reasonable accommodations to support the completion of the SEAS assessments. Requests for accommodation will be processed in accordance with ACOTRO’s Accommodations Policy (the “Accommodations Policy”). Applicants are strongly encouraged to review the Policy before submitting a request for accommodation.

Requests for accommodation must be submitted at least 45 days prior to scheduled assessment dates or as able. Accommodations will be reviewed on a case-by-case basis. Accommodation requests submitted without supporting documentation will not be considered.

Instructions:

The applicant is to complete parts **1, 2, 5, 6 (below)**.

Parts **3 or 4** are to be completed by the appropriate professional.

When the form is completed, submit it to SEAS staff with the Upload Document Link provided to the Applicant in an email.

PART 1 APPLICANT INFORMATION – To be completed by applicant

Name:

SEAS ID:

DOB:

PART 2 ACCOMMODATION REQUESTED – to be completed by applicant

Assessment for which accommodation is being requested:

- JKAT (Jurisprudence Knowledge Assessment Test)
- Competency Assessment
- Other _____

Reason for accommodation:

- Disability (as defined in the Accommodations Policy)
- Religion/Cultural/Spiritual

Specific Accommodation Requested by the Applicant:

PART 3 SUPPORTING DOCUMENTATION – DISABILITY – to be completed by health care professional or educational specialist

Date of last visit with the applicant and/or Date of Most Recent Confirmation of Diagnosis:

Date:

Applicant's limitations associated with the disability or request for accommodation or description of the reasons for the accommodation request:

Recommended Accommodations:

Signature of Health, Educational or other appropriate Professional (Note: Applicant must have been evaluated by the professional within the last three years):

I certify that I have examined the applicant and have knowledge of their condition.

Name: _____ Signature _____

Date _____

Profession: _____

Registration Number: _____ College: _____

PART 4 SUPPORTING DOCUMENTATION – RELIGIOUS / CULTURAL / SPIRITUAL – to be completed by religious, spiritual, or cultural leader

Religious / Cultural / Spiritual Observance: _____

Impact of Religious / Cultural / Spiritual Observance on Assessment:

Recommended Accommodations:

Signature of Religious Leader:

I certify that I have met with the applicant and have knowledge of their religious / cultural / spiritual observance.

Name: _____ Signature: _____

Date: _____

Organization and Title: _____

PART 5 PREVIOUS ACCOMMODATIONS - to be completed by applicant

Please provide details of any previous circumstances under which accommodations were granted:

Date(s): _____

Organization(s): _____

Purpose for which accommodation was granted:

Type of accommodation(s) granted:

Please provide any other information that might be helpful in processing your accommodation request.

PART 6 DECLARATION – to be completed by applicant

I certify that the information provided in this form, and any other information provided, or statements made in support of my request for accommodation is accurate, current, and complete. I understand and acknowledge that submission of false, incomplete, or misleading information may lead to permanent disqualification from the SEAS application process and from registration as an Occupational Therapist in Canada.

Signature:

Date: _____