# TESTING ACCOMODATION
## Disability Verification Form

Purpose of Form: The Canadian Association of Medical Radiation Technologists (CAMRT) delivers the national certification exam to candidates wanting to practice in Canada as a Medical Radiation Technologist (MRT). This form is for the use of candidates intending to write the CAMRT certification exam who believe they require exam accommodations to complete the exam to the best of their ability. Candidates are required to submit documentation supporting their identified disability and the accommodations required to ameliorate the impact this may have on their exam.

Instructions for submission: The candidate is to fill out Section I and Section II prior to their appointment with the medical profession. Section III is for the use of the medical professional regarding the person identified in Section I and II.

Medical Professional: Please send completed form to **certification@camrt.ca** and provide a copy to the candidate for their records.

| **SECTION I: AUTHORIZATION** | | **To be completed by candidate** |
|---|---|---|
| I hereby authorize the medical professional named below to disclose my relevant health information. The information shared is pertinent to the condition which relates to the CAMRT exam accommodation request. This is **not** a request for a full medical record/history. This authorization is voluntary and may be revoked at any time prior to the exam. This information will be retained and reviewed by the CAMRT in association with this request for accommodation.<br><br>I understand that if I do not sign this authorization, I may not be eligible to obtain exam accommodations as CAMRT requires medical information to support the submitted request. I understand that each request for accommodation is reviewed individually and that accommodations are not guaranteed. | | |
| Name | Date | Signature |
| | | |

| **SECTION II: PERSONAL INFORMATION** | | **To be completed by candidate** | |
|---|---|---|---|
| Full Name | | DOB | |
| Mailing Address | | | |
| City | Province | Postal Code | Country |
| | | | |
| E-mail | | Telephone | |
| | | | |

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| SECTION III: PATIENT INFORMATION | To be completed by medical professional |
|---|---|

The candidate named above has requested accommodation for the Canadian Association of Medical Radiation Technologist's certification exam. Consideration of accommodation requests are to be supported with medical documentation concerning the impact their condition has on writing the **computer-based, 4-hour, multiple-choice question exam.**

Length of time you have known the candidate within a medical professional capacity _____

I verify the candidate has a diagnosed disability. ☐ Yes ☐ No

**Please note**: the disability must be diagnosed by a medical professional who is qualified to make such a diagnosis. "Test anxiety" is not typically classified as a disability unless it is a result of an underlying psychiatric disorder.

Describe how the candidate's disability impacts their ability to write the CAMRT exam under standard test conditions named above (candidate's functional limitations must be clear in order to conduct an appropriate evaluation) :

_____
_____
_____
_____

Specify recommendations on required exam accommodations related to the candidate's described disability (ex: extended time, distraction free environment), and explain how the requested accommodation will mitigate the impact of the disability in completing the exam:

_____
_____
_____
_____

Name/Designation: _____

Registration/Licence Number: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____