Exam Accommodations Request Form

(to be submitted before exam registration deadline)

Candidate Name:	
Mailing address:	
Telephone number:	
Email:	
Discipline:	
Education Institution:	
Exam month and year:	
City where you want to write the exam:	

Statement of the nature of the disability and its severity:

A clear and concise description of the exam accommodations(s) requested:

Additional documents required:

1) Documentation demonstrating that similar accommodations were provided to the candidate during their education program.
2) Supporting documentation from a healthcare or counselling professional which indicates a diagnosis and describes the candidate's current limitation.

Please send the completed form and the requested additional documents by email to:

Manager of Certification
Canadian Association of Medical Radiation Technologists (CAMRT)
certification@camrt.ca