

NKE Accommodation Request - Medical Form

CPHR Canada represents 31,000 members in the Human Resources Profession across nine provinces and three territories in Canada. Established in 1994, CPHR Canada is the national voice on the enhancement and promotion of the HR Profession. With an established and credible designation and collaboration on national issues, we are proactively positioning the national human resources agenda in Canada and representing the Canadian HR Profession with HR Associations around the world.

Part of the credentialling process may require individuals to take part in the National Knowledge Exam (NKE), a multiple choice, 160 question computer-based test that can be written via remote-proctoring or at a test centre. Writers have 3 hours and 15 minutes to write their examination.

Writers with protected characteristics (e.g., disability, family status, religion) are entitled under provincial human rights legislation to reasonable accommodation in testing arrangements that provide for fair and valid assessment. CPHR Canada will consider any testing accommodation requests while ensuring the integrity of the National Knowledge Exam (NKE) and ensuring that the NKE tests the required competencies. CPHR Canada supports reasonable and appropriate modifications to the NKE in order to accommodate writers under the applicable human rights legislation.

Additional information is available in the NKE Accommodations Handbook for Writers.

APPLICANTS: Provide this form to a qualified health care professional as outlined in the NKE Accommodations Handbook for Writers. The health care professional must have treated or diagnosed the condition for which you are requesting accommodation for. Show your health care professional your NKE Accommodation Request Form that outlines the specifics of your request you are asking them to provide supporting documentation for and ask them to complete the relevant sections of this form.

QUALIFIED HEALTH CARE PROFESSIONALS: Please complete the relevant section of this form based on the applicant's condition. Your professional opinion and description of any functional limitations the applicant has and how an accommodation may be made to ensure the applicant's fair and equal access to their examination is of utmost importance. Any potential testing accommodations granted are not meant to ensure any particular outcome, such as finishing the test, passing the test, doing better on the test, or reaching one's potential. We require evidence that the requested accommodation(s) are necessary in order to access the test—not to do better on the test.

This form must be completed and returned to your provincial member association by the registration deadline for the National Knowledge Exam you have registered for.

CPHR Canada and the provincial member organizations are committed to respecting your privacy and protecting your personal information. The personal information requested on this form is collected, used, and disclosed under applicable federal and provincial legislation and your provincial CPHR organization's policies and guidelines. The information will only be distributed to and reviewed by members of the National Accommodations Advisory Panel to assess eligibility for accommodations. Direct any questions about personal information collection and its use to your regional office.

Accommodation Request Details for the Fall 2026 National Knowledge Exam

1. Personal Information	
Applicant's Full Name:	
National Number:	
Email:	
Phone Number:	
2. Qualified Health Care Professional's Information	
Name:	
Designations/License #	
Name of regulatory body affiliated with	
Address (Street #, Street Name, City, Province, Postal Code)	
<p>Please describe your credentials and your professional relationship with the applicant, which qualifies you to provide this recommendation for testing accommodation.</p>	

3. Nature of Disability/Condition and Treatment Information	
Diagnosis of Disability/Condition	
Date of your last treatment/consultation with the applicant	
How long have you been treating the applicant?	
Did you diagnose or confirm the diagnosis of this condition?	
<p>What methods were used to confirm this diagnosis? Please indicate and describe any specific medical tests, observations, self-reports or other methods.</p> <p>For learning disabilities or psychological/psychiatric/behavioural disabilities, please enclose copies of the test results, evaluations, or educational or psychological reports. Only test scores which indicate an impairment according to DSM criteria will be considered in the assessment of potential examination accommodations.</p>	
<p>Please describe the functional limitations associated with the applicant's condition and explain how they impact the applicant's ability to complete the examination under standard testing conditions. Note: symptoms of a disorder or generic "forgetfulness", "anxious in crowds", and "slow processing" are not evidence of functional limitations. Preference of learning styles are not considered.</p>	

<p>If applicable, list any medications prescribed to the applicant that may affect their exam writing ability and describe the expected effects of the prescribed medication.</p>	
<p>4. Accommodation Requested</p>	
<p>PLEASE NOTE: If you are recommending additional writing time to complete a licensing examination due to a cognitive condition (e.g., learning disabilities, ADHD, etc.), the applicant must provide a copy of their most recent psychological and/or psycho-educational assessment report to support your recommendation. A psychological and/or psycho-educational assessment report is required to identify issues impacting the applicant's development and functioning, the severity of the condition, and current treatment. This report must:</p> <ul style="list-style-type: none"> - Explain how the applicant is impacted by the disability; - Explain how the applicant's functional limitations are caused by the diagnosed impairment; and - Provide a measurable/objective basis connecting the condition to the amount of additional writing time suggested 	
<p>Type of Accommodation:</p>	<p><input type="checkbox"/> Additional time - (please indicate additional time required)</p> <p><input type="checkbox"/> Distraction reduced room</p> <p><input type="checkbox"/> Private room</p> <p><input type="checkbox"/> Additional breaks - (please indicate duration and frequency)</p> <p><input type="checkbox"/> Other - (please describe the accommodation)</p>
<p>Please provide your rationale for the accommodations recommended:</p>	
<p>What (if any) supporting documentation are you including with this request?</p>	

5. Qualified Health Care Professional Declaration

I certify that the information provided by me on this form and any attachments hereto is true and correct to the best of my knowledge.

I am not affiliated with the applicant as per my professional code of ethics.

(Signature)

(Date)

CPHR use only:

Date accommodation request form was received:

Accommodation request approved by CPHR Canada on:

Accommodation request not approved by CPHR Canada (provide details):