

NKE Accommodation Request Form

If you have a disability and need to request testing accommodations for an exam, complete and return this form at least 10 weeks before the exam date. Applicants who do not submit a request for accommodation on or before the deadline for the applicable exam may have to defer to a future sitting of the exam. Many accommodations require supports to be arranged and setup, rendering late requests unable to be implemented until the next sitting. Your accommodation request package must include documentation of your disability provided by a qualified professional who is licensed or has appropriate credentials to diagnose the nature of the disability, treat the disability, and recommend testing accommodations for individuals with your disability. The professional must have made, or be able to confirm, the diagnosis of the disability for which you are requesting accommodation. The documentation must be current:

For stable disabilities (for example, physical or learning disabilities): Ideally, the applicant should be an adult when testing was done. In most cases, this means testing has been conducted when the applicant was at least 18 years of age or within the past five years.

For permanent disabilities that are susceptible to change (for example, mental health disabilities): Documentation should be recent enough to cover recent changes to the applicant's condition and should include a prognosis for future change related to the individual's functional limitations.

For temporary conditions (for example, a broken bone, or a condition resulting from an accident): Documentation should include the date on which the condition began and the attending professional's estimate of a recovery date. To ensure an appropriate accommodation is granted, some conditions may require a re-review of current medical documentation.

Important note: 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 you need your requested accommodation in order to access the test—not to "do better" on the test. It is possible that current or previous academic institutions have provided you with support services which went above and beyond access to an examination in order to help you reach your potential or otherwise be successful. However, our obligation as a licensing body is to ensure fair and equal access to an examination while protecting the public interest and ensuring safe and ethical competence to practice.

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	
Full Name:	
CPHR Provincial Member Association:	
National Number:	
Email:	
Phone Number:	
2. Examination Details	
Date of exam registered for:	
Exam Centre (if applicable):	
Have you attempted this exam previously?	
Have you previously been granted an accommodation for a CPHR Canada exam?	

3. Nature of Functional Limitation

What year was your disability professionally diagnosed?	
Check all that apply.	<ul style="list-style-type: none"> <input type="checkbox"/> Deaf/hearing impaired <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Psychological/psychiatric/behavioural <input type="checkbox"/> Special learning/learning-related disability <input type="checkbox"/> Orthopaedic/physical disability <input type="checkbox"/> Other health disability/impairment <input type="checkbox"/> Prescription medication that may impact exam writing ability. Please specify: _____

4. Accommodation Requested

Your request for accommodation(s) and the medical professional's recommendation for accommodation(s) must be in agreement. The medical professional is required to complete the Accommodation Request: Medical Form (Form 2) in support of your requested accommodation(s).	
Type of accommodation requested (<i>be as specific as possible</i>):	
What supporting documentation are you including with this request?	

5. Waiver

I, the applicant, certify that all of the information on this form is true and correct. I authorize CPHR Canada to distribute to all members of the CPHR National Accommodations Advisory Panel all relevant information related to my request for accommodated testing, including, but not limited to:

- my accommodation request forms: Applicant Form (Form 1) and Medical Form (Form 2) and any attachments thereto;
- any psychoeducational/neuropsychological assessment reports; and
- all relevant statements and documentation submitted by qualified / licensed professionals

I understand that the aforementioned information will be distributed and reviewed by members of the CPHR Canada National Accommodations Advisory Panel for the purpose of determining accommodations to be granted, if any. I understand that information necessary to facilitate the accommodation at the exam centre, including my name, exam, and the accommodation, will be provided to relevant staff.

(Signature)

(Date)

Please review the [CPHR Manitoba Accommodations Policy for the National Knowledge Exam](#) for important information regarding accommodation requests.

Note: The supporting documentation provided should confirm the existence of a disability and describe in detail the impact of the disability as it relates to completing the NKE, the writer's specific needs and the proposed accommodation, with an explanation of how the requested accommodation will mitigate the impact of the disability in completing the NKE.

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):

Send completed form along with copies of supporting documentation to your provincial member association by the registration deadline for the National Knowledge Exam you have registered for.