

## Examination Accommodation Request

### SONOGRAPHY CANADA ACCOMMODATION

Sonography Canada strives to make their examinations available to any person who has met the required prerequisites and is deemed qualified. Sonography Canada recognizes the diversity of candidates and strives to facilitate access to the exams regardless of disability, religious obligation or other barriers. Exam accommodations may be an adjustment or modification of the standard testing conditions designed to allow for candidate's participation without compromising the validity or integrity of the Sonography Canada examination(s) or providing an unfair advantage to the candidate or imposing undue hardship for Sonography Canada.

The Request for Accommodation form must be completed and accompanied by supporting documentation in order for Sonography Canada to evaluate and render a decision. Your submission will be reviewed in full, and Sonography Canada will collaborate with you and the test site to ensure that the accommodations can be made available.

Sonography Canada reserves the right to request additional documentation, if necessary, to complete its assessment of your request. A final decision regarding your special needs accommodation request will be forwarded to you in writing two (2) weeks prior to the examination date. Your request will be handled on a confidential and individual basis.

Please note that incomplete forms and documentation will not be processed by Sonography Canada. Ensure that you have provided all the requested information and that your form is fully completed and legible.

### Accommodation for Special Needs:

Sonography Canada will provide, upon approved request, reasonable accommodations including auxiliary aids and services necessary to allow individuals with a documented physical or mental impairment an equal opportunity to challenge the Sonography Canada examinations.

Along with this request form, one of the following must be provided as supporting documentation:

- A letter on official school letterhead and signed by your Program Representative describing similar special needs accommodations that were provided to you when writing examinations during your diagnostic ultrasound education program.

*Or if you have not received similar special needs accommodation while attending your educational program, please submit the following:*

- A letter on official office letterhead signed by a healthcare or counselling professional specializing in your disability which:
  - ❖ Indicates that this specialist completed an assessment of your disability within the last five years.
  - ❖ Describes in details the identity (diagnosis) and the extent of your disability.
  - ❖ Describes clearly your current functional limitation(s).
  - ❖ Both recommends and supports your request for the special needs accommodation as indicated in this form.

**Accommodation for Religious Obligation or Other Barriers:**

Sonography Canada will provide, upon approved request, reasonable accommodations to allow individuals with religious obligations or other barriers an equal opportunity to challenge the Sonography Canada examinations.

Please complete the *Religious Obligation or Other Barriers Accommodation* portion of the *Request* form and submit it with your Sonography Canada Examination Application. Please include a description of the accommodation required and suggestions for its achievement. Candidates are responsible for making requests for accommodation at the same time as their application to challenge a Sonography Canada exam.

**1. PERSONAL AND CONTACT INFORMATION (Please type or print.)**

_____		_____	
First Name		Last Name	
_____		_____	
Address (Line 1)		Address (Line 2) (indicate Apt. / Unit #)	
_____		_____	
P.O. Box or Rural Route (if applicable)		City	
_____		_____	
Province	Postal Code	Country	
_____		_____	
SONOGRAPHY CANADA No. (if applicable)		Home Telephone Number	
_____		_____	
_____			
E-Mail Address			

<input type="checkbox"/> Core <input type="checkbox"/> Generalist <input type="checkbox"/> Cardiac <input type="checkbox"/> Vascular	<input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September
---	--

**2. HAVE YOU TAKEN THE EXAMINATION(S) BEFORE?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you receive special accommodations for the examination(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. WHAT IS THE NATURE OF YOUR DISABILITY (PLEASE CHECK THE APPROPRIATE BOX.)**

- Learning disability  
  Physical disability  
  Psychiatric disability  
  Visual disability  
 Hearing disability  
  Other: \_\_\_\_\_

When was your disability first professionally diagnosed? \_\_\_\_\_

**4. PLEASE DESCRIBE YOUR DISABILITY AS INDICATED IN DETAIL INCLUDING ITS SEVERITY:**

**5. WHAT IS THE SPECIAL NEEDS ACCOMMODATION THAT YOU ARE REQUESTING?**

- |  |   |
|--|---|
| <input type="checkbox"/> Isolated testing room                                     | <input type="checkbox"/> Additional testing time      |
| <input type="checkbox"/> Both an isolated testing room and additional testing time | <input type="checkbox"/> Other, Please specify: _____ |

**6. PLEASE DESCRIBE IN DETAIL THE SPECIAL NEEDS ACCOMMODATION THAT YOU ARE REQUESTING (E.G. IF, YOU ARE REQUESTING ADDITIONAL TESTING TIME, PLEASE EXPLAIN HOW MUCH MORE TIME YOU ARE REQUESTING OR WHETHER YOU REQUIRE EXTRA BREAKS DURING YOUR EXAM):**

<b>7. PLEASE INDICATE THE SUPPORTING DOCUMENTATION THAT YOU ARE ATTACHING TO THIS REQUEST.</b>	
Have you been provided with this special needs accommodation while attending your educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you provided a supporting letter from your Program Representative as indicated in Section 1 of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Or if you have not received similar special needs accommodation while attending your educational program, have you provided a supporting letter from your Specialist as indicated in Section 1 of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8. PLEASE PROVIDE THE REASON FOR YOUR ACCOMMODATION for Religious Obligation or Other Barriers REQUEST, AND ANY SUGGESTIONS ON HOW THE ACCOMMODATION CAN BE ACHIEVED. BE AS SPECIFIC AS POSSIBLE. ATTACH ADDITIONAL PAGES IF NECESSARY.</b>

<b>9. HAVE YOU BEEN PROVIDED WITH THIS ACCOMMODATION WHILE ATTENDING YOUR EDUCATIONAL PROGRAM?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you provided a supporting letter from your Program Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note: Incomplete forms and documentation will not be processed by Sonography Canada. Please ensure that you have provided all the requested information and that your form is fully completed and legible. Please ensure that this Special Needs Accommodation Request and supporting documentation is submitted along with your Examination Application.

By signing, I attest that all information provided in this request is true and accurate to the best of my knowledge.

I have read and understand Sonography Canada’s Privacy Policy and I consent to the collection, use and disclosure of this personal information for the purposes of processing this Special Needs Request.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
                   D / M / Y                         (Your request must be signed for processing.)

**EMAIL OR FAX COMPLETED ACCOMMODATION REQUEST AND REQUIRED SUPPORTING DOCUMENTATION TO:**

<p><b>FORWARD REQUEST BY EMAIL OR FAX TO:</b></p> <p><a href="mailto:EXAMINFO@SONOGRAPHYCANADA.CA">EXAMINFO@SONOGRAPHYCANADA.CA</a></p> <p><b>FAX NO. 1-888-743-2952</b></p>
--