



Health Care Professional Recommendation for Qualifying Examination Accommodation Form

Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with all required supporting documentation, to the attention of the Director of Registration at dirregistration@cpata-cabamc.ca.

All Agents in Training registered in the College's registration program are required to successfully complete the applicable qualifying examination(s) to be eligible to be licensed as a Patent and/or Trademark Agent in Canada. A detailed description of the format and length of the licensing examinations can be found [here](#). The qualifying examinations assess whether a given agent in training demonstrates the minimum level of competence required of an entry-level patent and/or trademark agent.

Agents in Training may request accommodation for a qualifying examination based on a ground in the Canadian Human Rights Act, R.S.C., 1985, c. H-6. To request accommodation based on disability, an agent in training must complete and submit a Request for Accommodation Form and provide supporting medical documentation from a regulated health care professional licensed to diagnose the disability.

PLEASE NOTE: Agents in training must provide medical confirmation that the disability exists and information to assist the College to ensure an appropriate accommodation. Agents in training may voluntarily provide more detailed information about their disability, including a specific diagnosis. The College uses the information solely to address the accommodation request and reasonably related matters. Unless there is consent, the College does not disclose the information to others.

Information for Agents in Training:

Provide this form to a regulated health care professional, licensed to diagnose the disability for which you are requesting accommodation. The professional must confirm the diagnosis of the disability for which you are requesting accommodation.

Sign this form where indicated below to give your health care professional permission to provide the supporting information and any more detailed information (e.g., a diagnosis) at your option.

The health care professional completing this form should submit it with supporting documentation directly to the College in one email message to DirRegistration@cpata-cabamc.ca. The email subject line should read: "Health Care Professional Recommendation for Qualifying Examination Accommodation Form – **Candidate Last Name, Candidate First Name.**"



Section 1: To be Completed by the Agent in Training

Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA #:

I authorize the health care professional named below to share information concerning the functional impact of my disability(ies) with the College of Patent Agents and Trademark Agents for the purpose of addressing my accommodation request.

Consent to disclosure of diagnosis to the College:

I consent to my diagnosis being identified on this form.

I do NOT consent to my diagnosis being identified on this form.

Agent in Training Signature

Date

Information for Health Care Professionals:

The above-named agent in training has requested accommodation for a qualifying examination based on disability. In order to address their request, the College requires supporting medical documentation from a regulated health care professional licensed to diagnose the disability for which accommodation is being requested.

You must have made, or be able to confirm, the diagnosis of the disability for which the agent in training is requesting accommodation.

Accommodation is to create an equitable examination by ensuring that candidates are not effectively barred from qualifying for practice because of one or more Canadian Human Rights Act grounds.

Your input will be essential in determining appropriate examination accommodations for the agent in training.

Please be sure the agent in training has signed above. You must answer the questions below, attaching appendices where additional space is necessary. Once completed, submit this form and any appendices directly to the College by attaching them to one email message and emailing to DirRegistration@cpata-cabamc.ca. The email subject line should read: "Health Care Professional Recommendation for Qualifying Examination Accommodation Form – **Candidate Last Name, Candidate First Name.**"



Please ensure that your responses are LEGIBLE.

Section 2: To be Completed by the Health Care Professional

Name:

Profession:

Name of Regulatory Body:

Licence/Registration Number:

Office/Organization Name:

Street/Apt. No.

City

Province

Postal Code

Phone:

Email Address:

Section 3: Health Care Professional Qualifications

In this section, please describe your professional qualifications. Please provide information about (a) your area(s) of practice, (b) any specialties, and (c) any experience you have assessing and/or recommending accommodations for test-takers.



Section 4: Confirmation of Grounds for Accommodation

In this section, please confirm that the above-named agent in training is affected by a disability, medical condition, pregnancy related need, or maternity-related need and describe the functional limitations associated with the disability or condition that impact their ability to write the qualifying examination(s) under standard testing conditions as outlined on the [Exam Information](#) page.

How long has the agent in training been in your care?

When was the agent in training diagnosed with this condition?

Did you diagnose this condition? Yes No

If you did not diagnose this condition, did you confirm this condition? Yes No
(leave blank if your answer above is yes)

Did you diagnose or confirm this diagnosis using (select all that apply)

One or more specific medical tests? Yes No

Medical observation? Yes No

Self-report? Yes No

Any other method? (Please list)

Please describe the functional limitations associated with the individual's disability and explain how they impact their ability to complete the qualifying examination under standard testing conditions.



Section 5: Recommended Accommodations

In this section, please describe any accommodation(s) you are recommending, and any alternative accommodations that may be considered within the specific format of the qualifying examinations and explain how these measures will address the functional limitations associated with the disability.

All recommended accommodations should be specific and must take into account the format of the qualifying examinations. For example, if you are recommending examination materials in an alternative format, specify the recommended type of alternative format. If you are recommending additional writing time to complete an examination, please provide both:

- The exact amount of additional time recommended, using minutes and hours (no accommodation of unlimited time will be granted); and
- a measurable basis for how you arrived at the specific extra time recommended (i.e., please provide a rationale connecting the underlying condition to additional writing time recommended).

PLEASE NOTE: If you are recommending additional writing time to complete a qualifying examination due to a cognitive condition (e.g., learning disabilities, ADHD), the agent in training 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 must identify issues affecting the individual's development and functioning, the severity of the condition, and current treatment. This report must:

- explain how the agent in training is affected by the disability;
- explain how their functional limitations are caused by the diagnosed impairment; and
- provide a measurable basis connecting the condition to additional writing time recommended.



Section 6: Health Care Professional Confirmation and Signature

I confirm that the information I have provided is accurate to the best of my knowledge and expertise and is within my scope of practice.

Health Care Practitioner Signature

Date

This form and any appendices must be submitted by the health care professional who signed above directly to the College. Please attach the form with any appendices to one email message and send to DirRegistration@cpata-cabamc.ca. The email subject line should read: "Health Care Professional Recommendation for Qualifying Examination Accommodation Form – Candidate Last Name, Candidate First Name."