



## Request for Accommodations 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](mailto:dirregistration@cpata-cabamc.ca). Before submitting a request for accommodation, agents in training must read the Accommodations Policy. Failure to comply with the posted deadlines may cause deferral of the qualifying examination. Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/agents-trainees/exam-information/>

### Section 1: Personal Information

Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA #:

### Section 2: Description of Grounds for Accommodation

In this section, please identify the ground(s) upon which you are seeking accommodation. Select all that apply:

Disability due to a cognitive and/or psychological condition

Disability due to a physical and/or mental condition

Pregnancy or maternity related needs

Temporary physical impairment or condition

Creed (including religious requirements)

Family status

Other

Include additional details related to the selected ground(s) in the space provided. You must provide sufficient information to confirm the existence of a need for accommodation and the type(s) of accommodation requested.

NOTE: The College uses the information solely to address the accommodation request for the qualifying examination(s) and reasonably related purposes.



If you are requesting accommodation related to a disability, an illness, an injury, a medical condition, or a pregnancy- or maternity-related need, you will have to provide medical information reasonably necessary to the provision of an accommodation. You may provide more detailed information about your situation, including a specific diagnosis, if you feel comfortable doing so.

**Section 3: Description of the Accommodation Requested**

In this section, describe any specific accommodation(s) you request. Be specific. If you request any adaptive technology/software or other physical resources, specify those resources. If you request additional writing time to complete a qualifying examination, indicate the additional time you are requesting.



#### **Section 4: Requirements for Supporting Documentation**

If you request accommodation related to a disability, an illness, an injury, a medical condition, or a pregnancy- or maternity-related need, provide, in support of this request, a completed [Health Care Professional Recommendation for Qualifying Examination Accommodation Form](#).

If you are requesting additional writing time to complete a licensing examination due to a cognitive condition, a psychological or psycho-educational assessment report is required. A psychological and/or psycho-educational assessment report should identify issues affecting the candidate's development, functioning, severity of condition, and current treatment. This report should explain how the individual is affected by the disability and how the individual's functional limitations are caused by the diagnosed impairment, to provide a measurable basis to justify the recommendation for additional writing time. All recommendations for additional writing time must indicate exactly how much additional writing time is requested.

If you wish, you may also provide these types of supporting documentation:

- A recent letter from your post-secondary institution listing all accommodations received if accommodations were provided;
- A letter from another regulatory body, if accommodations were provided for any completed qualifying examinations.

Note: Proof of prior accommodation is not a guarantee that the same accommodation will be provided to write the College's qualifying examination(s), as all requests are assessed case-by-case referring to the specific conditions and requirements of the qualifying examinations. However, information regarding any prior accommodation you have received for a similar disability from another organization or institution may assist the Registrar in determining the most appropriate accommodation.

#### **Section 5: Consent**

By signing below, the agent in training referenced below (Trainee) consents to the disclosure, transmittal, and examination of information provided in or with the Request for Accommodations form and information in the Trainee's file, to those who may reasonably require information pertaining to their accommodation needs and accommodations provided, to address their accommodation request for the qualifying examination(s).

If the Trainee has provided information from another organization, the Trainee consents to the College clarifying the information with the organization that provided it.

If applicable, the Trainee consents to the completed Health Care Professional Recommendation for Qualifying Examination Accommodation Form being sent directly by Trainee's health care professional to the College. The Trainee further consents to the College contacting the medical professional who completed the form to clarify any information provided.



This consent may be rescinded or amended in writing at any time, unless action has been taken on the authority of consent.

**Section 6: Signature**

The Trainee confirms that the foregoing is an accurate description of the circumstances giving rise to this request for accommodation. The Trainee understands that it is their duty to inform the College of any changes in their accommodation needs. The Trainee understands that the individuals receiving this information at the College for the qualifying examination(s) do not routinely inform other departments at the College; therefore, the Trainee must disclose accommodation requirements to other departments as required.

The signature can be provided in ink or by inserting a secure electronic signature into the space below.

Signature

Date

*Any information regarding this application will be collected, used or disclosed under the CPATA's Privacy Statement.*