

Request for Accommodations Form

Instructions:

Assessment accommodations are a modification to the standard administration of an examination to address a human rights-related functional limitation. You may be able to receive accommodations depending on the nature of their functional limitations and associated accommodation needs, the documentation provided, and the requirements of the exam

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 registration-inscription@cpata-cabamc.ca. Before submitting a request for accommodation, you must read the Registrar's Policy on Accommodations for Examinations. Details of the application process and required documentation can be found on the Registration and Accommodations pages for the [Patent Agent Qualifying Examinations](#) and [Trademark Agent Qualifying Examinations](#).

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 neurodevelopmental, cognitive and/or psychological condition

Disability due to a physical impairment or condition

Pregnancy or maternity related needs

Religion

Family status

Other (please describe)

In the space below, please describe the challenges/difficulties/limitations/restrictions experienced and how they might cause impairment in the examination setting and/or impact your ability to participate equally in the examination. You must provide sufficient information to confirm the existence of a need for accommodation. You may provide more detailed information about your situation, if you feel comfortable doing so.

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

Section 3: Previous Accommodations

Have you ever received accommodations previously in your studies (such as post-secondary education), employment, and/or on previous qualifying/licensing examinations (either with CPATA or another regulator)?

Yes

No

If yes, please check all that apply and provide a brief description of the accommodation that was provided:

Studies/Academic

Employment

Other licensing examinations

Other (please specify)

Section 4: Supporting Documentation

In addition to the Request for Accommodation Form, all candidates must provide one (1) piece of objective evidence to support their request. The documentation provided must clearly articulate the actual functional limitations and barriers to access in relation to the examination(s) and the accommodation requested and provide a rationale for the accommodation. You may be asked to submit further evidence or information to support your request.

If applicable, you may also provide documentation from academic institutions, other regulators and/or their employer or HR representative describing the accommodations you receive(d), or documentation from a supervisor/mentor who knows you well and can provide information about actual functioning, functional challenges, and barriers to access regularly faced.

If you have received accommodations in other settings, you may be asked to provide the following documentation to support your request:

- A letter from your post-secondary institution listing all accommodations received, if accommodations were provided;
- A letter from another regulatory body listing all accommodations received, if accommodations were provided for any completed qualifying/licensing examinations; and/or
- A letter from your employer or HR representative describing the accommodations you receive at work, or documentation from a supervisor/mentor who knows you well and can provide

information about actual functioning, functional challenges, and barriers to access regularly faced.

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

All documentation from a third-party (e.g., a psychologist) submitted to support your request must include the third-party's credentials and contact information.

For requests relating to medical/disability and pregnancy/maternity matters:

If you are requesting an accommodation related to a disability, an illness, an injury, a medical condition, or a pregnancy- or maternity-related need, you will be asked to provide a completed **Health Care Professional Recommendation for Qualifying Examination Accommodation Form** as the one (1) piece of objective evidence in support of your request. This form must be completed by an appropriate registered health practitioner who is qualified to evaluate/treat your condition and provide information regarding anticipated functional limitations related to the condition in the CPATA exam setting. This may include therapists (for mental health) and physical therapists. Additionally, and if applicable, documentation to support the functional limitations must be provided and may include results from previous evaluations (Psychoeducational, Psychological, and Neuropsychological Assessments) and/or consultation notes from medical specialists.

If you are requesting additional writing time to complete an examination due to a neurodevelopmental or cognitive condition, a psychological or psycho-educational assessment report may be required. A psychological and/or psycho-educational assessment report identifies issues affecting the candidate's development, functioning, severity of condition, and current treatment. This report explains how the individual is affected by the condition and how the individual's functional limitations are caused by the 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.

For documentation dated more than two (2) years ago, a statement from the current health care provider regarding the stability and/or changes to your limitations must be provided, to determine the impact of any changes on your accommodation needs for the examination(s).

For requests relating to other protected grounds:

Other circumstances relating to any other protected ground – The candidate must provide all relevant supporting documents to demonstrate the functional limitations as a result of the protected ground and aid the Registrar in assessing potential accommodations.

For example, if a request was based on a religious ground, you would provide evidence indicating participation in the religion and the specific religious beliefs that require accommodation. This could be in the form a letter from a religious guide or leader to aid the Registrar in understanding your restrictions and potential accommodations.

Documentation submitted to support your request must be on official letterhead and include the person's credentials and contact information.

Please use the chart below to indicate which supporting documents you are providing:

Document Provided:	Submitted By:

Section 5: Consent, Acknowledgement and Signature

By signing below, I consent to the collection, use, disclosure, transmittal, and examination of information provided in or with the Request for Accommodations form to those who may reasonably require this information to evaluate/address my accommodation needs.

If applicable, I consent to the completed Health Care Professional Recommendation for Qualifying Examination Accommodation Form being sent directly by my health care professional to CPATA.

I further consent to CPATA contacting the medical professional who completed the form, or any other contact person who provided supporting documentation, to clarify any information provided.

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

I certify that, to the best of my knowledge, the information provided on this form is true and accurate, and that the information provided on this form is an accurate description of the circumstances giving rise to this request for accommodation.

I understand that it is my duty to inform CPATA of any changes in my accommodation needs.

I understand that the individuals receiving this information at CPATA for the qualifying examination(s) do not routinely inform other departments at CPATA; therefore, the I must disclose accommodation requirements to other departments as required.

I acknowledge and accept that:

1. In order for my request for examination accommodations to be reviewed and considered, CPATA must receive this form and all required documentation by the accommodation request deadline date.
2. All requests are confidential and subject to review and approval by CPATA. The personal information provided as part of my request shall only be collected, used, and disclosed as is reasonable for the purpose of reviewing and assessing my request and providing any examination accommodations that may be required or in any related proceedings. Any information I provide to CPATA with respect to this request for examination accommodations shall not be used or disclosed except to the extent required for the purposes as outlined above. By signing this form, I expressly consent to the collection, use and disclosure of my personal information for the above-noted purposes.
3. CPATA assesses requests for examination accommodations on an individual basis and, if deemed appropriate, provides reasonable examination accommodations up to the point of undue hardship in accordance with its obligations at law.
4. No changes will be made to examination content, examination assessment, examination format, CPATA rules of conduct, and policies and procedures relating to same.
5. I have an obligation to participate in the request for examination accommodations process, meaning:
 - It is my responsibility to supply sufficient information and evidence to support my request.
 - I agree to respond promptly to CPATA's requests for information, if any, and when given any deadline, I agree to respond to CPATA to the best of my ability by the requested deadline or inform CPATA at the earliest opportunity if any extension to a deadline is required.
 - CPATA may require additional information to support my request, including from a health professional overseeing my care. I agree to provide such information and contact health professionals when requested by CPATA to do so.
6. I am responsible for any costs associated with this request for accommodations, such as payments of invoices from health professionals for assessments or to respond to CPATA's questions.
7. In advance of the examination date(s), I am required to sign an examination accommodations agreement confirming my acceptance of the exam accommodations offered by CPATA. This letter will be shared with exam administrators for implementing the accommodations.
8. After I attempt an examination, CPATA will not consider issues based on an assertion that the examination accommodations listed in the executed examination accommodations agreed upon in the confirmation of registration were not adequate or that not receiving examination accommodations was inappropriate. Any concerns regarding the sufficiency of the offered examination accommodations must be resolved with CPATA in advance of the examination.

I authorize:

1. CPATA to contact the professionals and entities providing supporting documentation on my behalf with this request for examination accommodations, for the purpose of obtaining further relevant information to evaluate my request, and, as needed, to share my request for examination accommodations and supporting documentation with third-party expert consultants (e.g. medical, legal) for the purpose of obtaining expert advice in evaluating my request. I may withdraw this authorization at any time, in writing, addressed to the Director of Registration.

2. The professionals and entities contacted by CPATA in accordance with paragraph 1 above to provide CPATA with all requested information relating to this request for examination accommodations.

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.