OPTOMETRY EXAMINING BOARD OF CANADA

Special Accommodation Medical Documentation Form B

Complete form to be completed by a licensed/registered regulated health professional, attached to a current medical report and returned to the exam coordinator at the Optometry Examining Board of Canada (OEBC)

OEBC requires this document as well as a current medical report relevant to the request for accommodation submitted by a licensed/registered regulated health professional who is a specialist in the field related to the candidate's disability. Documentation is considered current when the candidate has been assessed within the last 6 months for temporary disabilities, or within the last 3 years for permanent disabilities.

The Candidate must return this form and a complete medical report to OEBC by the initial application deadline. Please note that only health information relevant to the candidate's need for and request for accommodation should be included.

Candidate's full name (printed):

Name of health professional (printed):

Information about the exam:

The Written Assessment is a one-day, 7.5 hour exam completed in one 3.5 hour session and one 4 hour session using pencil and paper. It consists of 62 cases with 248 MCQ's.

The Practical Assessment (OSCE) consists of 16, 8-minute stations with 2 minutes between stations.

Detailed information about the exam structure is found on the OEBC website.

1. Please describe the credential(s) which qualify you to diagnose and/or verify the candidate's disability and to recommend the testing accommodations:

2. What is the specific disability that requires testing accommodations?

3. Please describe the current treatment:

4. Last date of assessment/treatment/consultation with candidate:

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5. Length of treatment with candidate:

6. Is this a permanent disability? _____ Yes _____ No

7. If no, when is the disability likely to abate?

8. How does the disability affect the Candidate's performance under standard testing conditions? Please indicate this in relation to the OEBC Written and/or OSCE.

9. Based on the Candidate's disability, what accommodations do you recommend?

I confirm that all the information on this form and the attached medical report is true and correct to the best of my knowledge and belief. I am aware that the information contained herein may be herein may be reviewed by a third-party such as a psycho-educational consultant in order to determine appropriate accommodations.

Name of health professional (print):
Signature of health professional:
Title:
E-mail address:
Telephone number:
License/Certificate Number:
Date: