

**Special Accommodation Form A**

This form is part of the Application for the Special Accommodation and must be submitted to the exam Coordinator. Candidates are responsible for completeness and accuracy of the information provided. This form and accompanying documentation must be completed and returned at least 60 days before the date of the written, and 90 calendar days before the date of the OSCE administration dates. Please refer to the **Special Accommodation Policy** as it applies to the application.

**Candidate Name:**

**Address:**

**City, Province, Postal Code:**

**Examination:**

**Date and location:**

1. Please identify the nature of the disability and how the identified impairment impacts your ability to successfully participate in the examination:

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2. Please provide a clear and concise description of the special needs accommodation(s) requested and how it or they mitigate the impairment within the specific context of the examination:

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3. Specify any testing accommodations provided and used by you during your university optometry program:

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**I confirm that all the information on this form is true and correct.**

**I consent that the information contained herein and in any related documents (Forms B and C) provided to OEBC for the purpose of supporting my request for accommodation may be reviewed by a third-party such as a psycho-educational consultant in order to determine appropriate accommodations.**

**I consent to this use of the information I have submitted for this purpose. I also acknowledge having read the Special Accommodations Policy.**

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Signature of Candidate

\_\_\_\_\_  
Date