



Technical Standards and Safety Authority
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Examinations Disability Accommodation Application

*Technical Standards and Safety Act
Examinations Disability Accommodation Procedure*

A. EXAMINATION CANDIDATE INFORMATION:

Note: All information must reflect the information as written on your government issued photo identification.

First Name ▼		Middle Name ▼		Last Name ▼		For Office Use Only			
Date of Birth ▼ <small>DD - MM - YYYY</small>		Suite/Unit No. ▼		Street No. ▼		Date			
City ▼		Province ▼		Postal Code ▼		Account No.			
Primary Phone ▼			Secondary Phone ▼			SR No.			
Current Certificate Classification ▼				Current Certificate No. ▼				Comments	

TSSA must be notified of any change of address or contact information.

This form collects personal information for the purpose of administering certification and examination activities authorized by the Technical Standards and Safety Act, 2000, S.O. 2000, c. 16.

B. I AM APPLYING FOR THE FOLLOWING DISABILITY ACCOMMODATION: **Note:** Please check (✓) appropriate accommodation type.

- | | |
|--|---|
| Extended Time to Complete Examinations | Supervised Rest Breaks |
| Private Room/Distracted-Reduced Environment | Large Print Examinations and/or Magnification Tools |
| Use of Adaptive Technology, i.e. text to speech software | Other: _____ |

All requests must include acceptable forms of documentation, as outlined in the Examination Disability Accommodation Procedure and summarized below, which supports the formal request relating to the disability;

- a) For candidates indicating a learning disability, a Ministry of Education approved Individual Education Plan (IEP) will be required.
- b) All other supporting documentation must be current (i.e., within the last three years), issued by a qualified medical professional, printed on official letterhead and signed. Note: a doctor's note does not constitute a valid form of supporting documentation.
- c) Requests for examination accommodations can be made on behalf of the candidate by the Accessibility Learning Services, Disabilities Office, Counselling and Accessibility Services, Disability Advisor, etc. of an Accredited Training Provider. In these instances, a formal request printed on official letterhead and signed by the Disability Advisor, Counselling Advisor, etc. is required for submission with this completed application form.

C. REGISTRATION PROCEDURES AND INFORMATION:

- a) Accommodation(s) for examinations are made solely upon the voluntary self-identification of need by the requester. TSSA respects the requester's right to maintain privacy and dignity; however, in order to best determine the most appropriate accommodation, TSSA requires the examination candidate to self-identify which accommodations they wish to be considered for through the certification and examination processes. Examination candidates may be required to participate in further discussions regarding possible accommodation solutions with TSSA and shall inform TSSA promptly of any relevant changes to the disability or accommodation needs.
- b) All accommodation requests must be pre-approved by TSSA before the examination candidate schedules/writes an examination. Examination candidates should recognize that the failure to disclose relevant information in advance of an examination or the refusal to cooperate with TSSA may hinder or delay the accommodation process.
- c) All information obtained by TSSA related to an accommodation request shall remain confidential and such information will only be released by the TSSA or education service provider on a need to know basis, pursuant to the accommodation of the individual, and with the express permission of the applicant.
- d) In the event that an examination candidate with disabilities is accommodated and such candidate successfully completes and passes the certification examination, the relevant statutory director may, at his or her discretion, and for the sole purpose of protecting public safety, attach restrictions or conditions to the certificate.

D. DECLARATION

As the applicant submitting for a disability accommodation request examination, I attest that I have read and understand the Examination Disability Accommodation Procedure, and agree that I will be bound by the applicable Certification and Examinations Policies and Procedures.

Signature of Examination Candidate	Date (dd-mm-yyyy)
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