

Request for test accommodations

If you require test accommodations, you must notify the Medical Council of Canada (MCC) of your requirements in writing each time you apply for an MCC examination. Submitting this form constitutes your official notification.

Review the [test accommodations](#) webpage for more details. You must complete all sections of this form and submit it with the required supporting documentation immediately after you submit your examination application.

*Incomplete requests with insufficient supporting documentation
will delay processing of your request.*

The MCC will acknowledge receipt of your request through a message in your physiciansapply.ca account. Upon review of your documentation submission, you may be asked to submit additional information. If you do not receive a message within a few days of submitting your request, please contact the MCC.

Supporting documentation checklist:

For the MCC to verify your current functional limitations, proper documentation must be submitted. *Use the check boxes below* to ensure that you are providing all the required documents in support of your request:

- ☐ A detailed personal statement describing your functional limitations and associated accommodation needs.
- ☐ A detailed letter or report on official letterhead from a treating medical professional qualified to evaluate your functional limitations and associated accommodation needs. This letter or report must include:
 - ☐ A description of your functional limitations and associated accommodation needs as relating to the context of the exam.
 - ☐ Specific recommendations for test accommodations, including the use of any assistive devices or equipment required, with an explanation of why they are needed and appropriate.
 - ☐ If the documentation is dated more than two years ago, a new letter or report from a treating medical professional is also required, confirming that the limitations are still present and noting any changes to the associated accommodation needs as relating to the context of the exam.
- ☐ If available, documentation on official letterhead detailing previously granted accommodations from your academic institutions (i.e., accessibility services office), other testing organizations, and/or your clinical training program.

Identification

SURNAME _____

GIVEN NAME(S) _____

Date of birth _____
YYYY / MM / DD

MCC Candidate Code _____

Exam information

Check the examination to which you have applied and for which you require test accommodations:

☐ **NAC Examination** ☐ **MCCQE** ☐ **TDM Examination**

Accommodations information

Personal items, medical equipment, assistive devices, etc.:

Visit the appropriate exam day webpage for details. If you are requesting accommodations for multiple exams, specify for which exam the items are applicable.

- ☐ List any of your medical equipment or assistive devices that you wish to bring to the exam (e.g., medical device that requires smartphone or transmitting technology, mobility aids, breast pump):
- ☐ List any assistive equipment, support personnel or other physical resources you require the exam centre to provide (e.g., wheelchair-accessible centre, reader, scribe, desk, chair and computer monitor). The MCC reserves the right to assign you to an exam centre where these resources can be delivered:

CHECK ALL BOXES THAT APPLY

NAC Examination (OSCE)

- ☐ **BREAK TIME:**
- ☐ Amount of time (minutes) requested: _____
- ☐ **ADDITIONAL TESTING TIME:**
- ☐ 25% additional time (time and ¼)
- ☐ 50% additional time (time and ½)
- ☐ Other time increment: _____

MCCQE☐ STOPPED-CLOCK BREAK TIME:☐ Amount of time (minutes) requested: _____☐ ADDITIONAL TESTING TIME: This results in a two-day exam.☐ 25% additional time (time and $\frac{1}{4}$)☐ 50% additional time (time and $\frac{1}{2}$)☐ Other time increment: _____☐ SEPARATE ROOM – at certain Prometric test centres.**TDM Examination**☐ STOPPED-CLOCK BREAK TIME:☐ Amount of time (minutes) requested: _____☐ ADDITIONAL TESTING TIME:☐ 25% additional time (time and $\frac{1}{4}$)☐ 50% additional time (time and $\frac{1}{2}$)☐ Other time increment: _____☐ SEPARATE ROOM – at certain Prometric test centres.**Accommodation history**

List previously granted accommodations from your academic institutions (i.e., accessibility services office), other testing organizations, and/or your clinical training program. If no documents are available, please provide a short explanation.

Certification and authorization

To the best of my knowledge, the information recorded on this request form is true and accurate.

I acknowledge and agree that any information I have submitted or is submitted on my behalf is confidential to the MCC and will not be shared with any other entity unless specifically authorized by me in writing.

I authorize the MCC to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide the MCC with all requested further information.

x

* NAME (PRINT)

x

* SIGNATURE

*DATE _____ YYYY / MM / DD

* REQUIRED

Submitting this form

Choose ONE of the following secure and confidential methods of submission of this completed form AND all supporting documents directly to Candidate Affairs.

- ▶ Email (preferred): *candidateaffairs@mcc.ca*
- ▶ Fax: 613-248-5234
- ▶ Express mail or courier: **Confidential**
ATTENTION: CANDIDATE AFFAIRS
MEDICAL COUNCIL OF CANADA
1021 THOMAS SPRATT PLACE
OTTAWA, ON K1G 5L5
CANADA