

# Candidate Accommodations Request Form



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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## Instructions

1. Please download the pdf form to your computer; then fill, save before returning.
2. You must complete and submit this form each time you need to request accommodation on an exam.
3. Once completed, send it to CNO using the mail, email or fax contact information at the top of this form.

Please review the *Privacy Policy* on CNO's website ([www.cno.org/privacy](http://www.cno.org/privacy)) to understand how your personal information will be used.

## TO BE COMPLETED BY THE APPLICANT

First name \_\_\_\_\_

Application Number: \_\_\_\_\_

Last name \_\_\_\_\_

Exam \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

Exam Date (if known): DD / MMM / YY \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Language of exam:  English  French

Email address \_\_\_\_\_

Nature of disorder/condition \_\_\_\_\_

## ACCOMMODATION(S) REQUESTED FOR EXAMINATION (check all that apply)

- Separate Rooms       Additional Time (please specify time needed) \_\_\_\_\_       Reader  
 Other (please specify) \_\_\_\_\_

**Comments** (please explain your request in 300 words or less.)

Signature \_\_\_\_\_

Date: DD / MMM / YY \_\_\_\_\_