



## Supporting Information for Accommodations Request Form

### Collection of Personal Information

[Review the Privacy Code on the College's website \(www.cno.org/privacy\) to understand how your personal information will be used.](http://www.cno.org/privacy)

**Ask a health professional (e.g., physician, psychologist) to complete these two pages and provide any additional information to certify that your disability requires the requested test accommodation(s).**

### TO BE COMPLETED BY HEALTH PROFESSIONAL

I have known \_\_\_\_\_ since \_\_\_\_\_  
(name of candidate) (date)

in my capacity as a \_\_\_\_\_  
(professional title)

**Briefly describe disability/disorder/condition**, including the date when the disability was first diagnosed or identified:

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If **medications** (e.g., insulin, insulin pumps) are required during the exam, describe any possible side effects related to testing/exam performance:

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Is this a **permanent** disability?  YES  NO

Is this is a **temporary** disability?  YES  NO

If YES: expected date of return to pre-disability status: \_\_\_\_\_

**Describe past accommodations granted for the disability**, including accommodations provided to the candidate in testing situations during her/his nursing program:

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**Explain why the candidate requires specific accommodation:**

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**It is my opinion that the candidate should be accommodated by providing the following (check all that apply):**

- separate room                       additional time (specify time needed): \_\_\_\_\_
- reader                                       other: \_\_\_\_\_

**HEALTH PROFESSIONAL INFORMATION**

**Name** (please print): \_\_\_\_\_

**Professional designation:** \_\_\_\_\_ **Registration no.:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(dd/mm/yy)

**Have your health professional directly submit the completed form, along with any additional information, to:**

**Intake Coordinator, Entry to Practice  
College of Nurses of Ontario  
101 Davenport Rd.  
Toronto, ON M5R 3P1  
Fax: 416-928-6507**