



## Testing Accommodations Candidate Application Form

*The information requested below and any documentation regarding your disability and need for accommodation to take the registration examination will be treated confidentially. It will not be shared with any outside source without your expressed written permission.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Exam: \_\_\_\_\_ Exam date: \_\_\_\_\_

Language of exam  
(English or French): \_\_\_\_\_

Nature of disability: \_\_\_\_\_

### ACCOMMODATION(S) REQUESTED FOR EXAMINATION

(check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Separate Room  | <input type="checkbox"/> Large print exam                              |
| <input type="checkbox"/> Reader   | <input type="checkbox"/> Large print answer sheet                      |
| <input type="checkbox"/> Recorder (who fills in answers)                        | <input type="checkbox"/> Use of voice output software (e.g., Kurzweil) |
| <input type="checkbox"/> Additional time<br>(please specify time needed): _____ |  |
| <input type="checkbox"/> Other (please specify): _____                          |  |

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **NOTE**

*Requests for testing accommodations – i.e., modifications to exam materials and/or procedures – must be submitted to the College of Kinesiologists of Ontario by the deadline provided on the College's website. Requested accommodations are subject to the approval of the College of Kinesiologists of Ontario and the testing agency.*