

### IDENTIFICATION OF CANDIDATE

Surname:

Permanent code:

First name:

Or File number:

Exam Date:  MM/DD/YYYY

Date of birth:  MM/DD/YYYY

Reminder: You are responsible for informing us of any change in your contact information so that your file can be updated.

### SECTION 1 | Reason for requesting an exam accommodation

• **Diagnosis/ disability\* situation reason**  Yes  No

Please provide details of your diagnosis / disability situation:

**Important:** The diagnosis must be documented by a health-care professional or an expert in education. The supporting document must confirm the nature of the functional impairment and related limitations, as well as explaining the connection between the accommodation measure you are requesting and your disability.

• **Reason related to religion**  Yes  No

Please provide details of your religion-related reason:

If your reason is related to religion, please go directly to section 4.

### SECTION 2 | Accommodation for the professional examination

• **Have you previously been granted accommodation for an OIIQ examination?**  Yes  No

### SECTION 3 | Accommodation for students

• **Were you granted accommodation while you were a student?**  Yes  No

If the answer is **yes**, which accommodations are relevant to your current request?

### SECTION 4 | Accommodation being requested

- **Local :**  no special room  with reduced environmental stimulation
- **Extra time :**  none  + 33 %  + 50 %

• **Other measures** (please specify):

### CONSENT AND SIGNATURE

- I certify that all the information I have provided is accurate and truthful.
- I have provided all the necessary supporting documents with this request.

Signature:

Date:  MM/DD/YYYY

\* According to the *Commission des droits de la personne et des droits de la jeunesse*, a disability is [Translation] a disadvantage resulting from an impairment, loss, malformation or anomaly of an organ, structure or mental, physiological or anatomical function; for example, a deficit disorder, dyslexia, dysorthographia, etc.