



Continuing Care Assistant Program

2 Dartmouth Road, Bedford, Nova Scotia, B4A 2K7 Telephone: (902)

832-8500 ext. 249 · Fax: (902) 832-8505

vanda.newton@healthassociation.ns.ca · www.novascotiacca.ca

Disability Related Exam Accommodations Form For Students

The information requested below and any documentation regarding your reason for request and need for accommodations in taking the CCA Certification Exam will be treated with confidentiality and will not be shared with any outside source.

Please ensure we can contact you at the address below for the next four (4) months.

CONTACT INFORMATION

Full Name

Last Name	First Name	Middle Initial

Address

Apartment	Street	PO Box
City/Town	Province	County
Postal Code		

Phone

()	-	()	-	()	-
Home		Cell		Fax	

Email

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Exam Date/Location: _____ Exam Language: _____

Reason for Request: _____ Temporary Permanent

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"/> Scribe | <input type="checkbox"/> Technology*(e.g. Kurzweil, Premier) |
| <input type="checkbox"/> Additional Time* | <input type="checkbox"/> Other* |

*Please Specify: _____

In signing this document, I give permission to CCAPAC or a delegate to contact individuals involved in my education to make an informed decision, including my Primary Instructor or Disability Resources Facilitator.

Signature

Date

If approval is granted, CCAPAC will assign the proctor for Special Accommodation and notify applicant in writing within two (2) months of the exam date. Applicants are responsible for any costs arising from exam accommodation arrangements in accordance with *Disability Related Exam Accommodations* policy.

I would like the decision of this request shared with my education provider. Yes No Initials _____

CCA Administration Office Use Only

CCAPAC Approved Proctor assigned: _____

Approval granted by: _____

Date notification sent: _____

Accommodation(s) approved: _____



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Rationale: Please explain **how** your reason for request affects your test taking ability and how the requested accommodation(s) would positively impact your success on the exam. (Attach sheet if more space is needed.)