



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:

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

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:

Explain why the candidate requires specific accommodation:

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**