College of
TRADITIONAL
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2022 DR.TCM EXAMINATION --- ACCOMMODATION FOR SPECIAL NEEDS VERIFICATION OF CANDIDATE'S CONDITION

To be completed by the candidate

AUTHORIZATION FROM CANDIDATE		
Do you authorize the health care professional named below to share information concerning the functional impact of your condition (disability, medical condition, pregnancy-related need, or maternity-related need) with CARB-TCMPA for the purpose of addressing your accommodation request?	☐ YES ☐ NO	
Candidate's Name	Candidate's Signature	Date

Description of the Dr.TCM Examination

The examinations test competencies required for entry-level practice, with a focus on those competencies that have the most direct impact on the protection of the public and on safe, effective, and ethical practice. The questions assess the following levels of cognitive ability: remembering, comprehension and application, and analysis and interpretation.

The examinations are self-study. The 2022 Dr.TCM Clinical Retaking Examination comprises:

- Clinical Examination – two (2) case studies including interview, diagnosis and treatment plan; In each case study, the candidate will have 30 minutes to interview a standardized patient and after this time period is up, the candidate will have 40 minutes to fill out a written test sheet. A typical clinical examination will take approximately three (3) hours to complete.

Information for health care professionals

The Candidate has requested accommodation for the CTCMA Dr.TCM Examination based on disability. In order to address the Candidate's request, CTCMA requires supporting medical documentation from a regulated health care professional licensed to diagnose the disability for which accommodation is being requested.

Your input will be essential in determining appropriate examination accommodations for the Candidate. You must have made, or be able to confirm, the diagnosis of the disability for which the Candidate is requesting accommodation.

The goal of the accommodation is to create an equitable examination by ensuring that licensing candidates are not effectively barred from qualifying for practice because of one or more Human Rights Code grounds.

Please be sure the Candidate has signed above. You must answer the questions below, attaching appendices where additional space is necessary.

To be completed by the <u>regulated health care professional</u> – please ensure that your responses are LEGIBLE.

Name	
Profession	
Name of regulatory body	
Licence/registration number	
Office/organization	
Mailing address	
Daytime phone	
In this section below, please describe your professional qualifications including information about (a) your area(s) of practice, (b) any specialties, and (c) any experience you have assessing and/or recommending accommodations for test-takers.	

Candidate Name	
How long has the candidate been in your care?	
Do you confirm that the candidate has a condition* that affects their ability to write the examinations(s) under standard testing conditions as outlined above? (*disability, medical condition, pregnancy-related need, or maternity-related need)	☐ YES ☐ NO
When was the candidate diagnosed with this condition?	
Did you diagnose this condition?	☐ YES ☐ NO
If you did not diagnose this condition, did you confirm this condition? (leave blank if answer above is "yes")	☐ YES ☐ NO
How did you diagnose or confirm this diagnosis? (Select all that apply)	☐ one or more specific medical tests ☐ medical observation ☐ self-report ☐ other method(s):

Please describe the functional limitations associated with the Candidate's condition (disability, medical condition, pregnancy-related need, or maternity-related need) and explain how they impact the Candidate's ability to complete examination under standard testing conditions as outlined above.	
Recommended accommodation(s)	

I confirm that the information I have provided is accurate to the best of my knowledge and expertise and is within my scope of practice.

_____
Health care professional's signature

_____
Date

Medical Stamp