

## REQUEST FOR TEST ACCOMMODATIONS

If you require test accommodations, you must notify the Medical Council of Canada (MCC) with your requirements in writing each time you apply for an MCC examination. Submitting this form constitutes your official notification.

Review the [MCC Requirements for test accommodations](#) for a detailed description of how to document your accommodations requirements. Complete all sections of this form and submit it at the same time that you submit your examination application. Follow up with the required supporting documentation.

***Note that incomplete requests with insufficient supporting documentation will delay processing of your request.***

The MCC will acknowledge receipt of your request through a message in your [physiciansapply.ca](https://physiciansapply.ca) account. Upon review of your submission, you may be asked by the MCC to submit additional documentation. If you do not receive a message within a few days of submitting your request, please contact the MCC.

### SUPPORTING DOCUMENTATION CHECKLIST

In order for the MCC to verify your current functional impairment, proper documentation must be submitted. *Use the check boxes below* to ensure that you are providing all of the required documents in support of your request:

- A detailed personal statement describing the disability or accessibility requirement, with a description of its severity, and justification for the requested accommodations.
- A complete and comprehensive medical and/or psychological or psychoeducational evaluation on office letterhead, from a qualified professional for evaluating the disability or accessibility requirement, describing both the condition and its severity, including:
  - A description of the functional limitations stemming from the stated disabilities
  - Specific recommendations for testing accommodations, including an explanation of why the specified requirements are needed, including the use of any assistive devices or equipment intended to reduce the impact of the identified functional limitations
  - If the report or letter is more than two years old, a written confirmation from a qualified professional that the disability is still actively being managed is required
- Copies of supporting documentation or if copies are not available, a current letter on official letterhead stating the details of previously granted accommodations provided by a university and medical program such as:
  - the student accessibility/disability services office at the university;
 as well as, from
  - the undergraduate medical education program office; and,
 if applicable, from
  - the postgraduate medical education (residency) program office.



**Section 1: IDENTIFICATION**

<b>MCC Candidate Code:</b>	Gender	Date of Birth (yyyy/mm/dd)
Surname	Given Name(s)	

**Section 2: EXAMINATION INFORMATION**

Check the examination for which you are registered and require test accommodations:

NAC Examination       MCCQE Part I       TDM Examination

**Section 3: ACCOMMODATIONS INFORMATION**

**Equipment, assistive devices, food or medication, etc.:**

- Identify any of your medical equipment or assistive devices that you require access to during the exam (e.g., glucose monitoring equipment, crutches, breast pump):
  
- Identify any assistive equipment, support personnel or other physical resources you would need the exam centre to provide (e.g., separate testing room, wheelchair accessible centres, readers, scribes, desks, chairs, and computer monitors). The MCC reserves the right to assign you to an exam centre where these resources can be delivered:

**CHECK ALL APPROPRIATE BOXES:**

**NAC Examination (OSCE)**

- BREAK TIME (*stopped time*):
  - Amount of time requested: \_\_\_\_\_
- ADDITIONAL TESTING TIME:
  - 25% additional time (time and ¼)
  - 50% additional time (time and ½)
  - Other time increment: \_\_\_\_\_

**MCCQE Part I** (*Additional testing or break time may result in the exam being delivered over two days.*)

- BREAK TIME (*stopped time*):
  - Amount of time requested: \_\_\_\_\_
- ADDITIONAL TESTING TIME:
  - 25% additional time (time and ¼)
  - 50% additional time (time and ½)
  - Other time increment: \_\_\_\_\_
- SEPARATE ROOM



### Section 3: ACCOMMODATIONS INFORMATION

#### TDM Examination

- BREAK TIME (*stopped time*):
- Amount of time requested: \_\_\_\_\_
- ADDITIONAL TESTING TIME:
- 25% additional time (time and  $\frac{1}{4}$ )
- 50% additional time (time and  $\frac{1}{2}$ )
- Other time increment: \_\_\_\_\_
- SEPARATE ROOM

### Section 4: ACCOMMODATION HISTORY

Accommodations provided by a university and medical program can be supported by official documentation from:

- The student accessibility/disability services office at the university
- The undergraduate medical education program office
- The postgraduate medical education (residency) program office

List all of the examinations for which you have previously been granted accommodations and **provide supporting documentation**. If no document is available, give a short explanation:

### Section 5: CERTIFICATION and AUTHORIZATION

To the best of my knowledge, the information recorded on this request form is true and accurate.

I acknowledge and agree that any information I have submitted or is submitted on my behalf is confidential to the MCC and will not be shared with any other entity unless specifically authorized by me in writing.

I authorize the MCC to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide the MCC with all requested further information.

✕

\* Name (PRINT)

✕

\* Signature

\* Date (yyyy/mm/dd)

\* Required



MEDICAL COUNCIL OF CANADA    LE CONSEIL MÉDICAL DU CANADA

## SUBMITTING THIS FORM

Choose ONE of the following secure and confidential methods of submission of this completed form AND all supporting documents directly to Candidate Affairs.

- Email (*preferred*): candidateaffairs@mcc.ca
- Fax: 613-248-5234
- Express mail or courier: **Confidential**

ATTENTION: CANDIDATE AFFAIRS  
MEDICAL COUNCIL OF CANADA  
1021 THOMAS SPRATT PLACE  
OTTAWA ON K1G 5L5  
CANADA