

**ALBERTA PROVINCIAL HEALTH CARE AIDE (HCA) EXAM
ACCOMMODATION REQUEST FORM**



TO BE COMPLETED BY THE APPLICANT(HCA):

Full Name: _____ Directory number: _____

Address: _____

Phone number: _____

Nature of disability*: _____

Expected Completion Date of Course 9 (Final Practicum): _____

Exam write preference dates (Accommodations take 2 weeks to process): _____

Note* when completing this form, provide only information on the general nature of the disability, disorder or condition. It is not necessary to provide specific diagnosis.

ACCOMMODATION REQUESTED FOR EXAM

Additional time (please specify time needed): _____

Reader

Read and Write Software

Other (please specify): _____

Additional comments:

By signing this form, I (print name) _____, authorize the release of information regarding my disability, disorder or condition and/or history of special accommodations as specified in in this document from my Health Care Professional and/or Post-Secondary Institution.

I understand that the information concerning my case will be shared with the Alberta Health Care Aide Directory and the examination administrator (Yardstick).

I understand that the adjustments made for the Alberta Provincial Exam may not be the same as those provided in other contexts (i.e. at school). The Directory will inform me about the type of accommodations granted.

I understand that I may be required to travel to an approved exam centre if special resources are required to support my accommodation request for a reader.

I understand that if travel is required, I am responsible for all associated travel costs.

Signature: _____ Date: _____

**ALBERTA PROVINCIAL HEALTH CARE AIDE (HCA) EXAM
ACCOMMODATION REQUEST FORM**



**EXAM ACCOMMODATION REQUEST -
SUPPORTING MEDICAL INFORMATION FORM**

TO BE COMPLETED BY THE HEALTH PROFESSIONAL:

I have known (applicant) _____ since (date) _____ in my capacity
as (professional title) _____.

1. Provide general nature of disability, disorder, or condition, including date that the disability was initially diagnose. (**Note*** when completing this form, provide only information on the general nature of the disability, disorder or condition. It is not necessary to provide specific diagnosis).

2. Describe the limitations and restrictions on the applicant arising from the applicants' disability, disorder, or medical condition:

3. Please indicate if the limitations and restrictions arising from the applicants' disability, disorder or medical condition would support any of the following accommodations (*check all that apply*):

Additional time to write exam (please specify time needed): _____

Reader

Other (please specify): _____

4. Is the applicant following a recommended treatment program? Is there any impact on testing or exam performance?

**ALBERTA PROVINCIAL HEALTH CARE AIDE (HCA) EXAM
ACCOMMODATION REQUEST FORM**



HEALTH PROFESSIONAL INFORMATION

Name (please print): _____
Business address: _____ Professional designation: _____

E-mail: _____ Telephone: _____

By signing this form, I (print name) _____ certify all information is true and correct to the best of my knowledge

Signature: _____ Date: _____

TO BE COMPLETED BY THE POST-SECONDARY INSTITUTION:

Describe any past accommodation(s) granted to the applicant for their disability, disorder or condition, including accommodations provided to the applicant in testing situations during their education program:

POST-SECONDARY INSTITUTION INFORMATION

Institution Name (please print): _____

Institution address:

Signatory Name (please print): _____

Signatory Title (please print): _____

E-mail: _____ Telephone: _____

By signing this form, I (print name) _____ certify all information is true and correct to the best of my knowledge

Signature: _____ Date: _____

This form *must* be completed in its entirety. Please ensure that the health professional or post-secondary institution submits this completed form, along with any other relevant information directly to exam@albertahcadirectory.com or mailed to:

Alberta Health Care Aide Directory
College of Licensed Practical Nurses of Alberta
St. Albert Trail Place
13163 146 Street, Edmonton, Alberta T5L 4S8