



SAC CLINICAL CERTIFICATION EXAM SPECIAL ACCOMMODATION APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Work Tel: _____

Email: _____

ACCOMMODATION INFORMATION

Candidates may request special accommodations and arrangements (including religious restrictions) for the exam. To apply for special accommodation, candidates **must**:

- Submit all documentation at the **same time**:
 - exam application (paper application only),
 - special accommodation application, and
 - supporting documentation (letter from their University outlining requirements granted for testing at the University).
- Submit all documentation (listed above) by the exam application **deadline**.

All special accommodation requests are subject to approval by the director, speech-language pathology and standards on a case by case basis. Candidates will be notified of the decision in writing. Additional charges may apply.

SPECIAL ACCOMMODATION/ARRANGEMENTS REQUESTS

Please list the specific special accommodations and/or arrangements you are requesting (e.g. extra time, separate room, alternate date for religious restrictions).

I understand that the applications and supporting documentation must be received by the posted exam application deadlines and no changes may be made after the posted deadlines.

Signature: _____ Date: _____

OFFICE USE ONLY

Authorized by: _____ Date: _____