



SAC Clinical Certification Exam - Special Accommodation Request

First Name: _____ Last Name: _____
 Email: _____ Exam Date: _____

ACCOMMODATION REQUEST

Why are you applying for accommodations?

- Disability or Specific Learning Difficulty documented by the university
- Religious restrictions
- Other (Please specify) _____
 (Use additional paper, if required)

Please indicate the accommodation(s) you are requesting:

- Separate room
- Alternate day (religious restriction)
- Additional time: 25% (time and ¼) 50% (time and ½)
 100% (double time) Other (Please specify) _____
- Other (Please specify) _____
 (Use additional paper, if required)

SUPPORTING DOCUMENTATION

- Letter from your University describing specific accommodation granted (accessibility services).
- Letter from your religious leader confirming the need for accommodation.
- Letter from you doctor describing condition and specific accommodation you require.

ACCOMMODATION INFORMATION

The Speech-Language & Audiology Canada (SAC) exam can be administered under special conditions for candidates who require accommodations. The exam will be offered in English or French only. When allowing for a special accommodation the following will be considered:

- 1) the requirements of the candidate and supporting documentation;
- 2) the ability of SAC to provide the accommodations; and
- 3) the preservation of the integrity of the exam.

All special accommodation requests are subject to approval by the Manager, clinical certification and exams on a case by case basis. Candidates will be notified of the decision in writing. Additional charges may apply.

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

Signature: _____ Date: _____

Please send this completed form with proper documentation to SAC by the posted deadline:

Email: certification@sac-oac.ca
Fax: 613.567.2859
Mail: SAC, 1000-1 Nicholas St, Ottawa, ON K1N 7B7

OFFICE USE ONLY

Authorized by: _____ Date: _____