Nova Scotia CCA Program Advisory Committee
2 Dartmouth Road, Bedford, Nova Scotia, B4A 2K7
Telephone: (902) 832-8500 x 282 · Fax: (902) 832-8505
ccaprogram@healthassociation.ns.ca· www.novascotiacca.ca

Disability Related Exam Accommodations Form
For Students

The information requested below and any documentation regarding your reason for request and need for accommodations in taking the CCA Certification Exam will be treated with confidentially and will not be shared with any outside source.

Please ensure we can contact you at the address below for the next four (4) months.

CONTACT INFORMATION

Full Name _____ _____ _____
Last Name First Name Middle Initial

Address _____ _____
Apartment Street PO Box

_____ _____ _____ _____
City/Town Province County Postal Code

Phone ( ) - ( ) - ( ) -
Home Cell Fax

Email _____

Exam Date/Location: _____ Exam Language: _____

Reason for Request: _____ ❑ Temporary ❑ Permanent

Accommodation(s) Requested for Examination

(check all that apply)

- ❑ Separate room
- ❑ Reader
- ❑ Scribe
- ❑ Additional Time*
- ❑ Large Print Exam
- ❑ Large Print Answer Sheet
- ❑ Technology*(e.g. Kurzweil, Premier)
- ❑ Other*

*Please Specify:_____

In signing this document, I give permission to CCAPAC or a delegate to contact individuals involved in my education to make an informed decision, including my Primary Instructor or Disability Resources Facilitator.

_____ _____
Signature *Date*

If approval is granted, CCAPAC will assign the proctor for Special Accommodation and notify applicant in writing within two (2) months of the exam date. Applicants are responsible for any costs arising from exam accommodation arrangements in accordance with Disability Related Exam Accommodations policy.

I would like the decision of this request shared with my education provider. ❑ Yes ❑ No Initials_____

CCA Administration Office Use Only

CCAPAC Approved Proctor assigned: _____

Approval granted by: _____

Date notification sent: _____

Accommodation(s) approved: _____

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Rationale: Please explain **how** your reason for request affects your test taking ability and how the requested accommodation(s) would positively impact your success on the exam. (Attach sheet if more space is needed.)