



ACCOMMODATION (SPECIAL TESTING) REQUEST FORM

Candidates with a disability or additional needs may request special accommodations by completing this form and submitting it via email to: <u>foodcert@fpsc-ctac.com</u>. It is requested that candidates submit their special accommodations request as soon as possible; at latest, a minimum of 5 business days before their scheduled exam. Candidates that have submitted a request will be contacted by the FoodCert Team within a reasonable timeframe, indicating a decision. *Special accommodation requests will be assessed on a case-by-case basis and are not guaranteed*.

Special testing requests will be reviewed to determine if appropriate assistance is available. A special testing request will only be granted when there is reasonable assurance that the candidate will have a fair and equitable opportunity to write the exam. Special testing measures must be reasonable while not compromising the validity and reliability of the assessment instruments.

Candidate Contact Information:

FULL NAME	PHONE NUMBER
ADDRESS	EMAIL ADDRESS

Exam Details:

NAME OF EXAM TO BE WRITTEN	LANGUAGE	PREFERRE	D DATES TO WRITE EXAM
	 English French 	Option 1:	
PREFERRED LOCATION TO WRITE EXA	M		
		Option 2:	





I would like to request the following special testing assistance:

<u>RELATED TO LANGUAGE FORMAT</u>, The CCIMC Level 1 exam is available in either English or French versions. Individuals that are not proficient in either language may request special testing, however, it is important to note that all exams are based on the Occupational Standard for the profession and reflect the type and level of language contained in the Standard. Special testing measures will not overcome issues associated with literacy or lack of ability to communicate on the job.

Additional costs to candidate:

Exam read out loud (orally)	No additional costs
Interpreter	Cost of interpreter
Exam form translated into a language other than French or English	Cost of translation of the exam

<u>RELATED TO SIGHT OR MOTOR IMPAIRMENT</u>, CCIMC exam is offered online. In this format, individuals may be able to adjust the size of text and alter the lighting conditions.

Ensure wheelchair access	No additional costs
Exam read out loud (orally)	No additional costs
Aide to mark the answer	No additional costs
Braille	Cost of adapting assessment tool
	Cost of special admin (e.g. shipping)

<u>OTHER</u>

Additional time allowance	No additional costs
Individual administration in a distraction-free setting	No additional costs





Reason for Special Testing request Please provide a description of your conditions that justify the special testing request (e.g. medical diagnosis, history of previous special testing requests)

Signature_____Date _____