



CMRE Accommodation Request Form

In keeping with the *Canadian Charter of Rights and Freedoms* and provincial/territorial human rights laws, candidates may request an accommodation for the Canadian Midwifery Registration Exam (CMRE) to help enhance access and full participation. Accommodations must not interfere with assessing competency. This form must be submitted to the CMRE Administrator by the exam registration deadline.

Personal information

Candidate name: _____

Address: _____

Telephone: _____

Email: _____

1. Description of Grounds for Accommodation

In this section, please identify the ground(s) upon which you are seeking accommodation. Select all of the following boxes that apply:

- Cognitive and/or psychological condition
- Ongoing physical and/or medical condition
- Pregnancy, post-partum or newborn-related needs
- Temporary physical impairment or condition
- Religious observance
- Family (e.g. childcare-related issues)
- Other:

Please include any additional details related to the selected ground(s). Please provide sufficient information to confirm the existence of a need for accommodation and the type(s) of accommodation requested. NOTE: CMRE keeps accommodation-related information in strict confidence and uses the information solely for the purpose of the accommodation request.



2. Description of Accommodation Requested

In this section, please describe the specific accommodation(s) you are requesting. Please be as specific as possible. For example, if you need nutrition during the exam, specify the type of food, amounts, and timing of nutrition breaks.

3. Requirements for Supporting Documentation

Please attach pertinent supporting documentation (from within 6 months for medical reasons; 5 years for psychological/learning) from an appropriate health care professional or other relevant individual. Supporting documentation can also be sent electronically to the CMRE Administrator. Your name should be referenced in the documentation. Contact information for the person providing the opinion must also be provided.

4. Consent

By signing below, I hereby consent to the disclosure, transmittal, or examination of information provided in or with this form and the information in my file, by CMRE staff who require information pertaining to my accommodation request.

If applicable, I consent to the supporting documentation to be sent directly by my health care professional to the CMRE Administrator.

This consent may be rescinded or amended in writing at any time, except where action has already been taken on the authority of consent.

Candidate Signature: _____

Date: _____

Information collected is kept strictly confidential and used solely for the purpose of evaluating the accommodation request.

Accommodation decisions are communicated by email as soon as possible prior to the CMRE exam sitting, and candidates with approved accommodations will be required to sign a letter or email of acceptance.

**Email this form and any supporting documentation to the CMRE Administrator
(admin.cmre@cmrc-ccosf.ca)**