

# CANADIAN CHIROPRACTIC EXAMINING BOARD

## CANDIDATES WITH DISABILITIES

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### INTRODUCTION

The Canadian Chiropractic Examining Board (CCEB) acknowledges that reasonable testing accommodations will be made for persons with disabilities. The CCEB examinations are designed to test the knowledge, skills and abilities of those seeking admission to the practice of chiropractic. More specifically the examinations evaluate the clinical decision making skills, including considerations of the legal, ethical and organizational aspects of the practice of chiropractic.

### POLICY

It is the policy of the CCEB to administer the written and practical examinations offered by the Board in such a manner that qualified candidates with disabilities will not be disadvantaged. A candidate with a disability who is otherwise eligible to take the examinations may file a request for reasonable testing accommodations if the candidate cannot demonstrate under standard testing conditions that he/she possesses the knowledge, skills, and attitudes necessary to practice chiropractic.

The CCEB will make reasonable accommodations to individuals with disabilities. Such accommodations must not disadvantage other candidates and must not alter the validity of the decision made by the Board (satisfactory/unsatisfactory) or the reliability of the examinations.

Furthermore, the CCEB shall inform the licensing boards, in which candidates who are granted testing accommodations seek registration, that such accommodations have been made in case such accommodations impact on the licensing board's willingness to provide an unrestricted registration or license to practice.

### DEFINITIONS

For the purpose of the CCEB testing procedures:

Disability means:

- a physical or mental impairment that substantially limits one or more of the major life activities of the candidate and substantially limits the ability of the candidate to demonstrate, under standard testing conditions, that he/she possesses the knowledge, skills, and abilities evaluated on the examinations, and there exists,
  - a record of having such an impairment, and
  - a record of having been regarded as having such an impairment.

Physical impairment means:

- a physiological disorder, condition or anatomical loss affecting one or more of the body's systems.

Mental impairment means:

- a mental or psychological disorder constituting a chronic disability which is not subject to treatment.

Qualified candidate with a disability means:

- an candidate who
  - with reasonable modifications to rules, policies, or practices;
  - with the removal of architectural, communication, or transportation barriers; or
  - with the provision of auxiliary aids and services,
- is capable of demonstrating that he/she possesses the knowledge, skills, and abilities evaluated by the CCEB.

Reasonable accommodation means:

- an adjustment or modification of the standard testing conditions that ameliorates the impact of the candidate's disability without doing any of the following:
  - altering the nature of the examination or the CCEB's ability to determine through examination whether the candidate possesses the essential knowledge, skills, and abilities required to practice chiropractic;
  - imposing an undue burden on the CCEB and other candidates;
  - compromising the security of the examinations;
  - compromising the validity of the examinations.

#### REQUESTS FOR REASONABLE TESTING ACCOMMODATIONS

Requests are to be made to the Executive Director. Such requests should include the following

- Written request from a qualified candidate.
- Report with patient history, diagnosis and recommendations from a certified practitioner e.g. medical doctor or appropriate specialist(s), psychologist, etc. specifically dealing with the disability.
- Report from chiropractic college regarding accommodations granted during academic and clinical exams attended at the college specifically required to deal with the disability.

**Requests for accommodation must be filed by a candidate at the time of their submission of an Application to take the CCEB examinations.** Requests will be reviewed by the Executive Director to determine if they are reasonable and meet the definition of reasonable accommodations listed above.

Candidates may appeal the decision of the Executive Director through the CCEB appeal process. Documentation on this process can be found on our web site at [www.cceb.ca](http://www.cceb.ca).

**APPENDIX ‘A’**

**TESTING ACCOMMODATIONS QUESTIONNAIRE**

*(To be completed by all candidates who request reasonable testing accommodations)*

NOTE: This form is part of the Application Form for the CCEB examinations. Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned with the Application Form for those candidates requesting reasonable testing accommodations.

**(Please type or print legibly)**

Background Information:

Candidate Name:	
Address:	
City, Province, Postal Code:	
Telephone Number:	
Examination Date:	

My disability is:

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Describe the nature and extent of your disability:

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How long have you had your disability?

\_\_\_\_\_ 1 year \_\_\_\_\_ 3 years \_\_\_\_\_ 5 years or more \_\_\_\_\_ Most of my life

Past Accommodations Granted in undergraduate programs: be specific

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Please describe the accommodations you were given during chiropractic school or other examinations.

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Requested Accommodations:

Please set out the accommodation(s) that you believe are necessary for you to take the **CCEB Written Examination.**

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Please set out the accommodation(s) that you believe are necessary for you to take the **CCEB OSCE Examination.**

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I confirm that all the information on this form is true and correct and that the information contained herein may be reviewed by a licensed professional. **I further confirm that the CCEB will inform the licensing boards that accommodations have been made in order that the licensing board may consider whether such accommodations impact on the licensing board's willingness to provide an unrestricted registration or license to practice. Any such impact on the licensing of an candidate is the sole responsibility of the licensing board.**

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Signature of Candidate

Date

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Print Name:

Address:

**APPENDIX ‘B’**  
**REASONABLE TESTING ACCOMMODATIONS DISABILITY DOCUMENTATION**  
*(To be completed by a physician or licensed professional)*

NOTE: The CCEB requires current documentation (within the last three years) from a licensed physician or other professional in the field related to the candidate’s disability. The candidate must return this form with his/her Application Form for the CCEB examinations.

Physician or Licensed Professional: **(Please type or print legibly)**

Name:	
Title:	
License/Certificate Number:	
Address:	
City, Province, Postal Code:	
Telephone Number:	
Candidate Name:	

Please describe the credential(s) which qualify you to diagnose and/or verify the candidate’s disability and to recommend the accommodation:

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What is the specific diagnosis, condition, or physical impairment that requires testing accommodations?

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Briefly describe the nature of the condition and how this condition affects the candidate.

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Please describe the current treatment:

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Last date of treatment/date of consultation with candidate:

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Length of treatment with candidate: \_\_\_\_\_

Is this a permanent condition/disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, when is the condition/disability likely to abate?

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In what way does the condition/disability affect the candidate's ability to read, write and/or concentrate for extended periods of time?

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Based on this person's disability and your diagnosis, what testing accommodations would you recommend?

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Please explain how the recommended accommodation relates to the disability.

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I certify that all the information on this form is true and correct to the best of my knowledge and belief.

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Signature of Physician and License #

Date

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Print Name

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Full Address

**APPENDIX 'C'**

**STATEMENT REGARDING TESTING ACCOMMODATIONS GRANTED**

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(Candidate Name)

The above named candidate received special testing accommodations during the administration of examinations at:

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for the following disability(s):

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during the following periods:

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The special testing accommodations provided are described as follows:

Written Exams:

Clinical Exams:

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Signature **and Practitioner Registration Number**

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Date:

Title:

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Telephone Number:

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Full Address: