



POLICY ID	BP-E-02	SUBJECT	TESTING ACCOMMODATIONS POLICY
SECTION	EXAMS		
EFFECTIVE DATE	APRIL 28, 2018	REVIEW CYCLE	ANNUALLY
DATE AMENDED	JAN/15/2020	NEXT REVIEW	SPRING 2020

Policy

The CCEB acknowledges that reasonable testing accommodations will be made for persons with disabilities. CCEB examinations are designed to test the knowledge, skills and abilities of those seeking admission to the practice of chiropractic in Canada.

It is the policy of CCEB to administer the written and practical examinations in such a manner that qualified Candidates with disabilities will not be disadvantaged. A Candidate with a disability, who is eligible to take the examination(s), and cannot demonstrate, under standard testing conditions, that he/she possesses the knowledge, skills, and abilities necessary to practice chiropractic, may file a request for reasonable testing accommodations. Such testing accommodations must not disadvantage other Candidates and must not alter the validity or the reliability of the examination(s).

The Candidate agrees by requesting testing accommodations that CCEB has the right to disclose any testing accommodations granted to the provincial chiropractic regulatory bodies for the purposes of consideration for professional licensure. Any impact on the licensing of a Candidate is at the sole discretion of the regulatory bodies.

Purpose

To provide a fair and transparent process for considering requests by candidates seeking testing accommodations with respect to the CCEB examinations.

Definitions

In this policy:

“application deadline” means the date posted on the CCEB website in respect of a specific examination.

“Candidate” means an individual who is eligible to take a CCEB examination(s).

“CCEB” means the Canadian Chiropractic Examining Board.

“current” means that a Candidate has been tested within the last 6 months for temporary disabilities, or within the last 4 years for permanent disabilities, and can provide reports/documentation thereof.

“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, the he/she possess the knowledge, skills and abilities evaluated on the examination, and there exists:

- a current medical record of assessment and diagnosis and,
- a record of previous testing accommodations utilized,

“*mental impairment*” means a mental or psychological disorder constituting a chronic or temporary disability.

“*physical impairment*” means a physiological disorder, condition or anatomical loss affecting one or more of the body’s systems.

“*supporting documentation*” means completed Accommodations Appendix A, B, C and any additional documents required or requested by the CCEB to supplement the Candidate’s request for testing accommodations.

“*testing accommodations*” means an adjustment or modification of the standard testing conditions that ameliorates the impact of the Candidates disability without doing any of the following:

- altering the nature of the examination;
- impairing the CCEB’s ability to determine whether the Candidate possesses the essential knowledge, skills and abilities required to practice chiropractic;
- imposing an undue burden on the CCEB or other Candidates;
- compromising the security of the examinations;
- compromising the validity and reliability of the examinations.

Process

Requests for testing accommodations, with all supporting documentation, must be filed by the Candidate prior to the initial application deadline, along with the Candidate’s completed application to take the CCEB examination(s). The CCEB requires current supporting documentation as per CCEB Testing Accommodation Policy definitions.

The supporting documentation may be used by the CCEB to verify a Candidate has a disability, to understand the impact of the disability, and to understand any resultant restrictions the disability places on the Candidate. CCEB must have sufficient information to properly assess the impact of the disability on the Candidate’s ability to take the examination(s), and to be able to determine appropriate accommodations, if any. The CCEB may request additional information in the course of considering the request for testing accommodations. The CCEB may, on its own accord, or through the Candidate require further validation of any statements contained in the required documents and medical report(s) provided by the Candidate.

As part of the consideration for testing accommodations, the CCEB reserves the right to assign the most appropriate centre to provide testing accommodations to the Candidate. The Candidate may be assigned to an examination site, other than their selected preference.

Requests for testing accommodations should be sent to exams@cceb.ca and should include the following:

- Testing Accommodations Appendix A – Candidate Testing Accommodations Request
- Testing Accommodations Appendix B – Medical Documentation Supporting Request for Testing Accommodations
- Testing Accommodations Appendix C – Chiropractic Program Documentation Supporting Request for Testing Accommodations
- All supplemental information required on the Appendices.
 - For learning disabilities, ADD/ADHD, and/or Asperger’s diagnosis, a valid and current psycho-education assessment must be provided.

Scope

This policy applies to any Candidates seeking testing accommodations with respect to CCEB examinations.

Responsibility

Approval (Policy): Changes to this policy must be approved by the CCEB Board of Governors.

Approval (Accommodations): The CCEB CEO shall have sole approval authority with respect to testing accommodations.

Appeal: Candidates may appeal the decision of the CEO through the CCEB Appeal Process found on the CCEB website.

References

Testing Accommodations Appendix A
Testing Accommodations Appendix B
Testing Accommodations Appendix C
CCEB Appeal Policy



APPENDIX A
CANDIDATE TESTING ACCOMMODATIONS REQUEST
 (to be completed by examination(s) Candidate)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

(Please print clearly and legibly.)

1. Candidate/Examination information:

Candidate Name:	
Examination(s) Applied For:	
Examination Date:	

2. Disability information:

This disability is: temporary _____ or permanent _____

Disability:	
Date of Initial Diagnosis:	

Explain how the disability limits your ability to demonstrate, under standard testing conditions, that you possess the knowledge, skills, and abilities evaluated on the examination(s):

3. Prior Accommodations:

Testing Accommodations Granted by Chiropractic Program:	
Testing Accommodations used by Candidate:	

4. Requested Accommodations:

Components A & B are multiple choice examinations with 4 options per item. Each exam consists of two 3-hour exam sessions (separated by a lunch break), with approximately 200-220 items in each session.

Component C uses an Objective Structured Clinical Exam (OSCE) format consisting of ten, 12-minute stations.

*note that due to the structure of the OSCE style examination the following accommodations are not available:

- Additional time with-in the station
- Private Room
- Computer assisted reading

Component A & B	
Component C	

5. Candidate Undertaking:

I confirm that all the information on this form is true and correct, and that the information contained herein may be; provided to, and reviewed by, other bodies; retained by the CCEB; and provided to staff at the examination site as required.

I acknowledge that I have read and understood the CCEB Testing Accommodations Policy.

I acknowledge that in the course of providing accommodations the CCEB reserves the right to assign the Candidate to an appropriate testing location, which may differ from the Candidate preference.

Candidate Name (print):	
Candidate Signature:	
Date:	

6. CCEB Administration:

To be completed by CCEB:

Date Received:	
Information Complete:	
Additional Information Requested:	
Component A & B Testing Accommodations Granted:	
Component C Testing Accommodations Granted:	



Notes:

APPENDIX B
MEDICAL DOCUMENTATION
CANDIDATE TESTING ACCOMMODATIONS REQUEST
 (to be completed by registered practitioner and attached to a current medical report)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

The CCEB requires this document in addition to a current medical report of diagnosis completed by a registered practitioner in the field related to the Candidate's specific disability.

(Please print clearly and legibly.)

1. Candidate Information:

Candidate Name:	
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2. Certified Practitioner Information:

(Please attach a business card or business letterhead.)

Practitioner Name:	
Field of Specialty and Professional Designations:	
License/Certificate number:	
Address:	
E-Mail Address:	
Telephone Number:	

3. CCEB Examination Information:

Components A & B are multiple choice examinations with 4 options per item. Each exam consists of two 3-hour exam sessions (separated by a lunch break), with approximately 200-220 items in each session.

Component C uses an Objective Structured Clinical Exam (OSCE) format consisting of ten, 12-minute stations.

*note that due to the structure of the OSCE style examination the following accommodations are not available:

- Additional time with-in the station
- Private Room
- Computer assisted reading

4. Candidate Disability:

This disability is: temporary _____ or permanent _____

This disability has on-going (chronic or episodic) symptoms that will significantly impact the Candidate in demonstrating his/her knowledge, skills, and abilities through the completion of the examination in the standard format. Yes _____ No _____

If this is a temporary disability what is the anticipated duration: (d/m/y) ___/___/___ to ___/___/___

Disability Requiring Testing Accommodations:	
Length of Time Treating this Candidate:	
Date of Last Consultation/Treatment with Candidate (other than for the purpose of completing this form)	
List/Explain the Candidates Functional Limitations (related to examination performance)	

5. Recommended Testing Accommodations:

Component A & B (multiple choice)	
Component C (OSCE)	

6. Practitioner Undertaking:

I confirm that all the information on this form, and attached medical report, is true and correct, to the best of my knowledge. I acknowledge that the information contained herein may be; provided to, and reviewed by, other bodies; retained by the CCEB; and provided to staff at the examination site as required.

Practitioner Name (print):	
Practitioner Signature:	

Date:

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APPENDIX C
CHIROPRACTIC PROGRAM DOCUMENTATION
CANDIDATE TESTING ACCOMMODATIONS REQUEST
 (to be completed by the head of the Student Services Centre)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

(Please print clearly and legibly.)

1. Candidate Information:

Candidate Name:	
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2. Chiropractic Program and Student Services Information:

Name of Chiropractic College:	
Name of Person Completing this Form:	
Title of Person Completing this Form:	
E-Mail Address:	
Telephone Number:	

3. CCEB Examination Information:

Components A & B are multiple choice examinations with 4 options per item. Each exam consists of two 3-hour exam sessions (separated by a lunch break), with approximately 200-220 items in each session.

Component C uses an Objective Structured Clinical Exam (OSCE) format consisting of ten, 12-minute stations.

*note that due to the structure of the OSCE style examination the following accommodations are not available:

- Additional time with-in the station
- Private Room
- Computer assisted reading

4. Accommodations Information:

This Candidate received testing accommodations at this institution: Yes ___ No ___

If Yes, please complete the following:

Year Testing Accommodations Granted:	
Last Review of Accommodations Granted:	
List of Accommodations Provided/Permitted:	Multiple Choice:
	OSCE:
List of Accommodations Used by the Candidate:	Multiple Choice:
	OSCE:

5. Undertaking:

I confirm that all the information on this form, is true and correct, to the best of my knowledge. I acknowledge that the information contained herein may be; provided to, and reviewed by, other bodies; retained by the CCEB; and provided to staff at the examination site as required.

Name (print):	
Signature:	
Date:	