

**CANADIAN CHIROPRACTIC EXAMINING BOARD****CANDIDATES WITH DISABILITIES****APPROVED JUNE 2013**

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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.

**POLICY**

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 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 abilities necessary to practice chiropractic. Such testing accommodations must not disadvantage other Candidates and must not alter the validity or the reliability of the examinations.

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. Requests for testing accommodation along with ALL supporting documentation must be filed by a Candidate prior to initial Application Deadline with the Candidate's completed application to take the CCEB examinations.

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

**DEFINITIONS**

For the purpose of 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 current medical record of assessment and diagnosis and, if applicable,
  - a record of previous testing accommodation utilized.

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.

Reasonable testing accommodations 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 CCEB's ability to determine whether the Candidate possesses the essential knowledge, skills, and abilities required to practice chiropractic;
  - imposing an undue burden on CCEB or other Candidates;
  - compromising the security of the examinations;
  - compromising the validity and the reliability of the examinations.

#### REQUESTS FOR REASONABLE TESTING ACCOMMODATIONS

Requests are to be made to the CEO. Such requests should include the following:

- A written request from a Candidate. (Appendix A)
- A current medical report with patient history, diagnosis and recommendations from an appropriate specialist(s) such as psychiatrists, neurological testing facilities, etc. specifically dealing with the disability. (Appendix B)
  - Documentation is considered current when the Candidate has been tested within the last 6 months for temporary disabilities, or within the last 3 years for permanent disabilities.
  - CCEB may, on its own accord, or through the Candidate require further validation of any statements contained in the medical report provided by the Candidate
- A report from DC Program regarding testing accommodations granted during academic and clinical examinations specifically required to deal with the disability. (Appendix C)

Requests will be reviewed by the CEO to determine if they are reasonable and meet the definition of reasonable testing accommodations. Candidates may appeal the decision of the CEO through the CCEB appeal process. Documentation on this process can be found on the CCEB web site in the Exam Info section under Policies at:

**<http://www.cceb.ca/appeal-process/>**

**APPENDIX A**

**CANDIDATE TESTING ACCOMMODATIONS APPLICATION**

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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 by the initial application deadline. Please refer to the Policy on Candidates with Disabilities as it applies to the application.

Candidate Name:	
Address:	
City, Province, Postal Code:	

Please identify your disability:

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Describe the nature and extent of your disability:

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When were you initially diagnosed with this disability?

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Specify any testing accommodations granted during your undergraduate studies:

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Which of these testing accommodations did you use?

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Specify any testing accommodations granted during your DC program:

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Which of these testing accommodations did you use?

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Requested Testing Accommodations:

Examination Applied for:	
Examination Date:	

Please describe the testing accommodations you are requesting

For Components A & B:

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For Component C:

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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 other bodies. **I acknowledge having read the Policy on Candidates with Disabilities.**

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Signature of Candidate

Date

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Print Name

**APPENDIX B**

**TESTING ACCOMMODATIONS MEDICAL DOCUMENTATION**

*(To be completed by a licensed specialist and attached to a current medical report)*

CCEB requires this document as well as a full current medical report submitted by a licensed specialist in the field related to the Candidate’s disability. Documentation is considered current when the Candidate has been tested within the last 6 months for temporary disabilities, or within the last 3 years for permanent disabilities.

The Candidate must return this form and a full medical report to CCEB by the initial application deadline.

Candidate Name:	
Specialist Name:	
Title:	
E-mail address:	
Telephone Number:	
License/Certificate Number:	

**Component A & B examinations each consist of approximately 200-230 items written in two sections with 3 hours to complete each section. These examinations use a multiple-choice format with 4 alternatives per item.**

**Component C is an Objective Structured Clinical Exam (OSCE) consisting of 10, 12-minute stations which include 2 minutes to read station instructions.**

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

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What is the specific disability that requires testing accommodations?

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Please describe the current treatment:

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Last date of treatment/consultation with Candidate:

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Length of treatment with Candidate:

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

If no, when is the disability likely to abate?

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How does the disability affect the Candidate's performance under standard testing conditions?

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Based on the Candidate's disability, what testing accommodations do you recommend?

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I confirm that all the information on this form and the attached medical report is true and correct to the best of my knowledge and belief. I am aware that the information contained herein may be reviewed by third parties in accordance with the Policy of Candidates with Disability.

Signature of Practitioner and License #

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Print Name

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Date

**APPENDIX C**

**TESTING ACCOMMODATIONS GRANTED DURING DC PROGRAM**  
*(To be completed by the Head of the disability/student services center)*

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Candidate Name:	
Head of Department Name:	
Title:	
E-mail Address:	
Phone Number:	
Chiropractic College Name:	

What is the specific disability that required testing accommodations?

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At what point of their program was the Candidate first granted testing accommodations? Was there a subsequent review process to assess continuing need for testing accommodations?

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What testing accommodations were provided?

Multiple Choice Examinations:

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Practical Examinations (OSCE):

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I confirm that all the information on this form is true and correct. I am aware that the information contained herein may be reviewed by third parties in accordance with the Policy on Candidates with Disabilities.

Signature

Date

Print Name