

Exam Accommodation Request Form

Name of Candidate:		
Email Address:		
Phone Number:		
Sponsoring Funeral		
Business:		
Requested examination date (must		
be a minimum of 30 after AFSRB		
receipt of this form and required		
documentation):		
Accommodation(s) requested:		
Name of Healthcare Professi	onal:	
Contact information for Heal	thcare	
Professional that completed		
assessment:		

Accommodations Policy Statement:

Alberta Funeral Services Regulatory Board goal is to ensure fair and consistent treatment of all students; we are committed to providing reasonable accommodations to exam candidates in accordance with the *Alberta Human Rights Act*.

Please note accommodations do not include, and are not limited to, the following:

- Any accommodations that would cause undue hardship to the AFSRB.
- Reducing performance standards on an exam to accommodate a candidate.
- Reducing minimum pass requirements on an exam.
- Relieving the candidate of the responsibility to develop the essential skills and competencies expected of all candidates.

Exam accommodation

- AFSRB will take reasonable steps to accommodate on medically protected grounds if all required documents are received at least 30 calendar days prior to the exam. Required documents are:
 - Completed application.
 - Note from a licensed healthcare professional trained to test for and diagnose the condition. The note must outline the accommodation measures the candidate requires.
 - AFSRB reserves the right to contact the medical professional
- A diagnosis is NOT required.

Has documentation of disability which requires the accommodation been attached and provided on the healthcare professional's letterhead? Yes No

Note: Application for exam accommodations <u>will not be considered</u> if this documentation is not attached.

- I confirm that the information supplied is complete and true to the best of my knowledge and belief.
- I understand that the Alberta Funeral Services Regulatory Board to which I am applying reserves the right to contact the medical professional to verify any documentation submitted with this application.

Candidate Name (by signing my name here I affir	 m my agreement to the foregoing statements
Date	-

In accordance with s. 33 of the Freedom of Information and Protection of Privacy Act, the Funeral Services Act and the General Regulation (Funeral Services Act) personal information is collected on the Alberta Funeral Services Regulatory Board First-time or Renewal Application for licensing purposes to determine the applicant's eligibility for exam accommodations and to maintain a record or registry of all licensees. Questions about the collection of this information can be directed to the Executive Director, Alberta Funeral Services Regulatory Board, 180, 2755 Broadmoor Blvd, Sherwood Park, AB T8H 2W7 or call 780 452 6130, or outside of Edmonton, call 1 800 563 4652 to be connected toll free.