ABSA
the pressure equipment safety authority

REQUEST FOR EXAMINATION WITH ACCOMMODATIONS

AB-301 2026-06

A. TO BE COMPLETED BY THE APPLICANT (Please Print) ABSA File No: _____ (for previous applicants only)

☐ Mr. ☐ Mrs. ☐ Ms. _____ Date of Birth: _____
(Last Name) (First Name) (Middle Initial) (yyyy/mmm/dd)

Mailing Address: _____
(Apt./Street) (City) (Prov) (Postal Code)

Phone No.: _____ Phone No.: _____ Cell No.: _____
(Home) (Work)

E Mail Address: _____

B. I AM APPLYING FOR THE FOLLOWING DISABILITY ACCOMMODATION:
Please check (✓) all appropriate accommodation type(s):

☐	**Private Room** (A separate, quiet room)
☐	**Extended Examination Time** (1.5 times the normal time allocated for the examination)
☐	**Reader** (Examination questions are read out loud to the applicant by an ABSA employee) • $30.00 per Hour • Fee charged after the completion of the examination

Applicants must provide ABSA with documentation to support their request. Documentation must be on the official letterhead of the individual or organization providing the assessment and/or recommendations. The applicant's disability must be diagnosed by a medical professional who is competent and qualified to assess the specific condition and must include the following information:

- The name and qualifications of the individual performing the assessment to identify or quantify any disability
- The date of the assessment
- The time limit/expiry date for the validity of the assessment (if applicable)
- The recommendations of a health care professional for examination accommodations to address the effects of a disability based on the assessment

Please note: A doctor's note does <u>not</u> constitute a valid form of supporting documentation

C. EXAMINATION ACCOMMODATION GENERAL INFORMATION

a) Accommodation(s) for examinations are made solely upon the voluntary self-identification of need by the requester. ABSA respects the requester's right to maintain privacy and dignity; however, in order to best determine the most appropriate accommodation, ABSA requires the examination candidate to self-identify which accommodations they wish to be considered for through the certification and examination processes.

b) All accommodation requests must be pre-approved by ABSA before the examination candidate schedules/writes an examination. Examination candidates should recognize that the failure to disclose relevant information in advance of an examination may hinder or delay the accommodation process.

c) All information obtained by ABSA related to an accommodation request shall remain confidential. All documentation included with this application will be destroyed after the application has been evaluated.

d) Applicants requesting an accommodation are still required to meet the requirements outlined in the Alberta Power Engineers Regulation prior to applying for an examination.

e) Accommodations are currently only available at the Edmonton office and the examinations cannot be scheduled online. Clients with approved accommodations will be required to submit an examination application form and write the examination on the same scheduled day as the regular examination sitting.

D. DECLARATION

As the applicant submitting for a special accommodation, I attest that I have read and understand the accommodation requirements and that the information provided is valid and true.

_____ _____
Signature of Applicant **Date (YYYY-MM-DD)**

PLEASE COMPLETE AND SUBMIT THIS PAGE AND ALL SUPPORTING DOCUMENTATION TO EXAMS@ABSA.CA

<u>Note</u>: If you are not satisfied with the outcome of your application regarding certification, please follow the appeal process as mentioned on the website: www.absa.ca

INTERNAL USE ONLY: APPROVED: ☐**Y** ☐**N** ACCOMMODATION: ☐**READER** ☐**ROOM** ☐**EXTENDED TIME**

REVIEWED BY: _____ DATE: _____

The personal information collected on this form is for the purpose of processing your Request for Examination with Accommodations. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. If you have any questions about the collection of personal information, you may contact ABSA at generalinq@absa.ca or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.