



A. TO BE COMPLETED BY THE APPLICANT (Please Print)

File No: _____ (for previous applicants only)

Mr. Mrs. Ms. _____ Date of Birth: _____ (Last Name) (First Name) (Middle Initial) (yyyy/mm/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 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 not constitute a valid form of supporting documentation

C. EXAMINATION ACCOMMODATION GENERAL INFORMATION

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

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

REVIEWED BY: _____ DATE: _____