



The College of Naturopaths of Ontario

Health Professional Recommendation Form (in support of an Examination Accommodation Request)

This form must be completed by a registered, Regulated Health Professional¹. Please attach any additional information (where additional space or supporting documentation is required) as appendices to this form. If you require assistance when completing this form, please contact our Examinations Department at exams@collegeofnaturopaths.on.ca or 416-583-6010 x 3.

1. Candidate Information

Candidate Name: _____
first name middle name surname

Mailing Address: _____
street city province postal code

Phone: _____ Email: _____

2. Regulated Health Professional Information

Name: _____

Profession: _____

Office/Clinic Name: _____

Mailing Address: _____
street city province postal code

Phone: _____ Email: _____

¹ Regulated Health Professional means a member/registrant, registered in good standing with an [Ontario health regulatory colleges](#) (as established pursuant to Schedule I of the *Regulated Health Professions Act, 1991*) who is qualified to make an assessment or diagnosis of the condition.

3. Confirmation of Grounds for Accommodation

Please provide information regarding the examination candidate's condition, disability or disorder, including information as to how that condition, disability or disorder adversely affects the candidate's ability to sit an examination. Candidates are required to provide medical confirmation that a condition exists (e.g., a physical or cognitive disability); however, they are not required to provide a formal diagnosis where that information is not reasonably necessary to the provision of the accommodation.

4. Description of Recommended Accommodation(s)

Please describe any specific accommodation(s) you are recommending. Recommendations should be based on your assessment of the candidate's condition, disability or disorder and must explain how that accommodation will negate or mitigate the adverse effect of the candidate's condition, disability or disorder while sitting the examination(s). All recommended accommodations should be as specific as possible and must take into account the format of the examination(s).

For example, if the exam candidate (i.e., your patient) is requesting examination materials in an alternative format, we require that the recommended type of alternative format is noted along with your supporting rationale (i.e., how that relates to the candidate's need and how it will help to negate or mitigate the candidate's condition, disability or disorder). If you are providing a recommendation that additional writing time to complete an examination be provided to the candidate, please indicate the recommended amount of additional time and the supporting rationale, such as how the candidate's functional limitations are related to the condition, disability or disorder or any other relevant information which would provide a measurable basis to aid the College in substantiating the need for accommodation.

5. Regulated Health Professional Confirmation and Signature

I confirm that the foregoing information I have provided is true and accurate to the best of my knowledge and expertise.

Signature: _____ Date: _____