



## BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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### Contact us

#### GENERAL INQUIRIES

604.742.6200  
1.866.880.7101 toll-free within  
Canada only  
info@bccnm.ca

#### REGISTRATION

register@bccnm.ca  
registermidwives@bccnm.ca

#### REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

#### COMPLAINTS

complaints@bccnm.ca  
Fax 604.899.0794





#900-200 Granville Street  
Vancouver, BC, V6C 1S4  
Tel: 604.742.6200  
Toll-free: 1.886.880.7101  
Email: [register@bccnm.ca](mailto:register@bccnm.ca)

*Please have these two pages completed by a health professional (physician, psychologist etc.) and provide any additional information to certify that your disability requires the requested text accommodation(s).*

### Collection of personal information

The British Columbia College of Nursing Professionals (BCCNP) collects the information in the Supporting Information for Exam Accommodation Request Form under the general authority of the *Health Professions Act* and BCCNP's bylaws. BCCNP collects the information for the purpose of responding to your accommodation request, however any information provided may also be considered by BCCNP to determine whether you suffer from any physical or mental condition or disorder that could affect your ability to practise nursing in a safe manner.

We take appropriate measures to safeguard the confidentiality of your personal information. All documents become the property of BCCNP. If you have any questions about the collection, use and/or disclosure of this information contact the Registration team at [registerLPN@bccnp.ca](mailto:registerLPN@bccnp.ca)

### TO BE COMPLETED BY THE HEALTH PROFESSIONAL

I have known \_\_\_\_\_ since \_\_\_\_\_  
Name of applicant Date

in my capacity as a \_\_\_\_\_  
Professional title

1. Brief history and description of disability/disorder/condition, including date when the disability was first diagnosed or identified:

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2. Identification of the tests and/or diagnostic measures used to confirm the diagnosis:

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Is this a permanent disability?  Yes  No

Is this a temporary disability?  Yes  No

If yes, expected date of return to pre-disability status: \_\_\_\_\_

3. Medications, including reasons for the medications and any possible side effects related to testing/exam performance:

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4. Description of past accommodations granted for the disability, including accommodations provided to the candidate in testing situations during her/his nursing program:

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5. Explanation why the specific accommodation is required for the applicant:

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It is my opinion that the applicant should be accommodated by providing the following  
(check all that apply)

Separate room  Reader

Additional time (please specify time needed): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**HEALTH PROFESSIONAL INFORMATION**

Name *(please print)*: \_\_\_\_\_

Professional designation: \_\_\_\_\_ Registration/License number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have your health professional directly submit the completed form along with any additional information to the Registration team at [registerLPN@bccnp.ca](mailto:registerLPN@bccnp.ca).