



**APPENDIX G**  
**Form B: Candidate Application for Testing Accommodations**  
**Mental or Physical Disability Related Needs Form**

If you have a disability, temporary disability, or a special condition that may require an accommodation when writing the Canadian Dietetic Registration Exam (CDRE), please complete Section A of this form and forward it to an appropriate health care professional, who, in Section B, must describe the specific accommodation you need, along with rationale for this recommendation. The health care profession is to send the completed form and any indicated supporting documentation directly to the provincial dietetic regulatory body. The diagnosis may be redacted.

Name of the provincial dietetic regulatory body: College of Dietitians of Prince Edward Island

Address: PO Box 362, Charlottetown, PEI, C1A 7K7

Fax: \_\_\_\_\_

**SECTION A: (COMPLETED BY CANDIDATE)**

Name: \_\_\_\_\_

Accommodation Requested:

- Additional testing time:
  - 25% additional time (5 hours total writing time)
  - 50% additional time (6 hours total writing time)
  - 75% additional time (7 hours total writing time)
  - 100% additional time (8 hours total writing time)
  
- Testing Centre (in-person exam)
- Testing Centre (in-person exam) + private room
- Reader (via testing centre only)
  - Human reader
  - Reader software

Note: The exam is divided into two 2-hour parts. Once a candidate submits Part I of the exam, they cannot go back to review these questions, including any unanswered or flagged questions. There is a standard 15-minute scheduled break between Part I and Part II of the exam.

- Break Time\* (stopped exam time). Please specify your extra break time allocation (e.g., during Part I and Part II, in addition to the standard 15-minute scheduled break between Part I and Part II, frequency of break times, etc.):

- 15-minute break time:

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- 30-minute break time:

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\*Extra break time provided to the candidate but not used as additional exam writing time. Once an approved accommodation break has started, the candidate cannot review any previous questions, including unanswered and flagged questions.

<b>Disability/condition</b>	<b>Appropriate Health Care Professional<sup>1</sup> to complete Section B</b>	<b>Additional Documentation Required</b>
Hearing Impaired	Audiologist	
Vision Impairment	Optometrist or Ophthalmologist	
Learning Disability	Psychologist, Psychiatrist, or other qualified health care professional.	<p>Psychoeducational assessment within 5 years. Test results should be clearly stated with all subtests noted. A documentation update is acceptable when an original psychometric assessment is more than five (5) years old.</p> <p>In this case, the evaluation tests selected for the update might select only those tests and scales that illustrate the nature of the candidate's disability. Must use adult tests.</p>

<b>Disability/condition</b>	<b>Appropriate Health Care Professional<sup>1</sup> to complete Section B</b>	<b>Additional Documentation Required</b>
Physical Disabilities	An appropriate health care professional.	
Attention Deficit Hyperactivity Disorder	Psychologist, Psychiatrist, or other qualified health care professional.	A complete psycho-educational or neuropsychological assessment.
Psychiatric Disorders	Health care professional must be competent to evaluate and diagnose psychiatric disabilities. Evaluation must have been made within the last 12 months.	
Autism Spectrum Disorder	Health care professional competent in assessing Autism Spectrum Disorders.	
Brain Injury	An appropriate health care professional.	
Dietary restrictions & allergies	An appropriate health care professional.	

<sup>1</sup> An appropriate health care professional is a regulated health care professional, who is qualified to diagnose the impairment, has been involved in the candidate's assessment, and has sufficient knowledge and expertise to be able to identify what accommodations is needed in relation to the disability or special condition.

**SECTION B: (COMPLETED BY THE APPROPRIATE HEALTH CARE PROFESSIONAL)**

The purpose of the CDRE is to assess the competency of dietitian candidates to determine a candidate's eligibility to practise. As such, the CDRE is defined as a high-stakes assessment. The CDRE is a computer-based exam taken over a four-hour period. The CDRE is either administered by remote proctoring in a virtual format or in a testing room with other writers. We rely on the health care professional's expertise to recommend a specific accommodation based on their understanding of the candidate's functional limitation and needs associated with the disability.

I have known this candidate since \_\_\_\_\_ in my capacity as a \_\_\_\_\_.

I confirm that I have used my own professional judgement and identified a clear link between the candidate's disability and how it is addressed in the accommodation. I understand that the purpose of an accommodation is to provide equity, not advantage.

Professional Designation/Title:

License Number:

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Date of last patient visit: \_\_\_\_\_

(The reason for the exam accommodation must be current. For example, the accommodation will not be granted for a childhood condition that a candidate no longer suffers from.)

I verify that the candidate has a diagnosed disability or special condition:

- Yes
- No

“Test anxiety” is normally not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.

- The recognized diagnosis was provided by me
- The diagnosis was recognized by another qualified regulated health care professional

The approximate date when the disability or special condition was first diagnosed and/or identified.

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A brief history and description of the functional limitations that prevent the candidate from writing the exam in the usual method and/or environment. Attach separate letter if needed.

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Describe how the functional limitations of disability or special condition impacts the person's ability to write the CDRE in the usual method and/or environment. This should reflect the candidate's current impairment. Requested accommodations must be tied to specific assessment results.

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A description of current treatment plan and why this is not effective in overcoming the functional limitations of the disability or special condition, thereby necessitating the above accommodation(s).

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Name:

Date:

Signature:

Telephone:

Email:

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