



Board of Canadian Registered Safety Professionals
Conseil canadien des professionnels en sécurité agréés

6700 Century Avenue, Suite 100, Mississauga, ON L5N 6A5

Tel: (905) 567-7198

info@bcrsp.ca

www.bcrsp.ca

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BCRSP Examination Accommodation Request Form

GUIDING PRINCIPLES

For candidates unable to take a BCRSP's examination using the standard testing process, the BCRSP will make all reasonable efforts to accommodate candidate needs up to the point of undue hardship. In this regard, BCRSP has adopted the following guiding principles for responding to requests from candidates for exam accommodation.

1. Accommodation requests will be considered on an individualized basis.
2. The accommodation procedures will respect the dignity and privacy of the candidate.
3. Requirements and procedures for test accommodations will ensure fairness for all candidates, both those seeking accommodations and those testing under standard conditions.
4. Accommodations will be appropriate and reasonable for the documented disability and must be consistent with the mandate of the BCRSP to ensure persons holding a BCRSP certification meet the competencies required of a registered safety professional or registered safety technician.
5. Accommodations must not result in undue hardship, or fundamentally alter that which the test is designed to measure.
6. Accommodation requests must be made in sufficient detail, and be accompanied by appropriate and verifiable documentation, to ensure that the BCRSP has all the information it requires to determine the most appropriate accommodation.

In making their decision, the BCRSP will consider factors such as undue disruption of the BCRSP's operations, added costs to the Board, human resource availability, maintenance of examination security, and the effect of a particular accommodation on the ability to best ensure that granting the accommodation request will not compromise the validity and integrity of the certification exam.

BCRSP's decision will, if at all possible, be communicated to the candidate at least thirty (30) days prior to the exam. If an accommodation is granted, the BCRSP reserves the right to assign the date, time and location of the examination, taking into account any accommodation needs that may impact the scheduling of the examination.

Prior to writing the exam the candidate will sign an acknowledgement that all agreed to accommodation(s) have been provided.

Post exam writing the candidate will sign a further acknowledgement that all agreed to accommodation(s) have been provided to their satisfaction. If a candidate was not provided with the accommodations as requested and any concerns could not be satisfactorily resolved at the test centre, a candidate may submit an appeal within fifteen (15) days of writing the examination.

Accommodation arrangements approved by the BCRSP are not transferable from one examination to another. A new accommodation request must be submitted each time the candidate applies to sit a BCRSP examination and will be evaluated independently.



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A request for accommodation must be submitted in writing to the BCRSP Executive Director at least 90 days before the examination date for both, first write and any re-writes of the examination.

Late requests may be considered in extenuating circumstances but BCRSP cannot guarantee that such requests will be accommodated. All requests will be handled on a confidential and individualized basis.

A written request for disability accommodation must include:

- A completed, signed, request for accommodation form explaining the nature and extent of the candidate's restrictions or limitations in sufficient detail to ensure that the form, along with any supporting documentation, provides BCRSP with all the information it needs to determine the most appropriate accommodation.
- Original letter(s), on office letterhead, from the candidate's fully-licensed practicing physician, clinical psychologist, other appropriate licensed health care provider, or other appropriate professional or practitioner (the practitioner cannot be a relative or spouse of the candidate) identifying and confirming the existence of the functional limitation(s), the nature of the accommodation requested, and a detailed explanation of why the accommodation is required.
- If applicable and available, documentation demonstrating that similar accommodations were provided to the candidate during any previous education program or other certification examination.

All medical and other supporting documentation submitted will be kept confidential by the BCRSP, and will be used for the purpose of implementing the accommodations necessary for the candidate, if any.

All disability-related documentation must be current within *six (6) months* of the date of application to write the exam. If the medical documentation, i.e. report or letter is not current within six (6) months of the date of the candidate's application, the applicant must include a letter from a fully-licensed practitioner or other professional with appropriate credentials. The letter shall indicate that they have reviewed the supporting medical documentation and concur that the accommodations set out within it remain valid for the candidate for the purposes of the BCRSP certification exam on the date of the proposed sitting of the exam.

If additional information is required to evaluate the accommodation request, the BCRSP will consult with the candidate.

The final decision regarding an accommodation request lies with the BCRSP Certification and Examination Committee Chair and Vice Chair in collaboration with the BCRSP Executive Director.

A written appeal of the decision may be made within 60 days and will be reviewed by the Governing Board at their next regularly scheduled Board meeting. In cases of appeal, the decision of the Governing Board will be final.



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Please submit the completed form to the BCRSP to the attention of the Executive Director. Please include in your submission the completed form along with the necessary supporting documentation. The completed form may also be faxed to the Board office (905-567-7191) or sent via courier to BCRSP, 6700 Century Ave Suite 100, Mississauga, ON L5N 6A4. ATTN: Executive Director or emailed to nwright@bcrsp.ca.

Do not pre-schedule an examination writing – the accommodation must be approved before you can schedule an examination with the accommodation applied.

CANDIDATE APPLICATION FOR TESTING ACCOMMODATIONS

Examination	<input type="checkbox"/> CRSP Examination	<input type="checkbox"/> CRST Examination
Name		
Address (including postal code)		
Telephone		
Email		
Candidate ID (if known)		
Did you receive accommodation on a previous BCRSP Examination?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grounds for request (please describe):		
Please describe why the grounds that you have listed above prevent you from writing the examination in the usual method and/or environment:		
Please indicate the type of accommodation you are requesting (please mark all that apply)		
<input type="checkbox"/> Accessible testing site (e.g. Ramp for wheelchairs) <input type="checkbox"/> Amanuensis (recorder of answers) <input type="checkbox"/> Extended writing time – identify amount of extra time requested <input type="checkbox"/> Extra time for breaks – specify frequency and duration <input type="checkbox"/> Reader (person to read examination items aloud) <input type="checkbox"/> Separate testing room <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Special chair (specify type) <input type="checkbox"/> Special input device, such as a trackball mouse (specify type) <input type="checkbox"/> Special output device, such as a larger monitor (specify type) <input type="checkbox"/> Other (please describe)		
<input type="checkbox"/> I have enclosed original documentation, on office letterhead, from my fully-licensed practicing physician, clinical psychologist, other appropriate licensed health care provider, or other appropriate professional or practitioner (the practitioner cannot be a relative or spouse of the candidate) identifying and confirming the		



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existence of the functional limitation(s), the nature of the accommodation requested, and a detailed explanation of why the accommodation is required.	
Signature:	
Date:	



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BCRSP Examination Candidate:

Please provide the following information to your fully-licensed practicing physician, clinical psychologist, other appropriate licensed health care provider, or other appropriate professional or practitioner (the practitioner cannot be a relative or spouse of the candidate).

ATTN: Fully-licensed practicing physician, clinical psychologist, other appropriate licensed health care provider, or other appropriate professional or practitioner (the practitioner cannot be a relative or spouse of the candidate).

You are being requested by the BCRSP examination candidate to supply, **an original letter(s), on office letterhead**, identifying and confirming the following:

- Approximate date of when the disability was first diagnosed and/or identified,
- A brief history and description of the functional limitation(s) of the BCRSP examination candidate,
- A detailed explanation of why the accommodation is required, (i.e. explain the aspect of the disability which requires testing accommodation, the effect it has on the candidate's daily living and the effect of the disability on the candidate's ability to perform under normal testing conditions
- The nature of the accommodation requested, (please refer to the listing below for the most common types of accommodation requested),
- Your contact information, capacity in which you are acting (i.e. physician, psychologist, etc), your signature and date.

Types of Accommodation

- Accessible testing site (e.g. Ramp for wheelchairs)
- Amanuensis (recorder of answers)
- Extended writing time – identify amount of extra time requested
- Extra time for breaks – specify frequency and duration
- Reader (person to read examination items aloud)
- Separate testing room
- Sign language interpreter
- Special chair (specify type)
- Special input device, such as a trackball mouse (specify type)
- Special output device, such as a larger monitor (specify type)
- Other

BCRSP EXAMINATION POTENTIAL ACCESSIBILITY BARRIERS

The BCRSP's examination presents the following potential accessibility barriers.

Manual

Candidates must use a mouse to point-and-click and navigate from one question to the next. All questions on BCRSP examinations are multiple choice. For further information on a BCRSP Examination, please review the applicable *Examination Blueprint* available on the BCRSP website.

Optical

Reading text – examination questions are written at a reading level appropriate to the content. The computer-based examination (CBT) questions must be read on a monitor. The font can be as small as 10 point.

Physical Stamina

The examination is 3 ½ hours.

Please contact the BCRSP office if more information is required to determine what accommodation may be necessary (905-567-7198, 888-279-2777, info@bcrsp.ca).