

LRW APPLICATION FOR ACCOMMODATION

Applicants submitting this form should ensure they have read and understood [CPLD's policies](#). This form should be used to request accommodation in the LRW course. Completed forms with supporting documentation should be submitted to CPLD by email at admin@cpled.ca.

PART A – APPLICANT INFORMATION

Information about yourself and initial details regarding your accommodation request and history.

Identifying Information – Applicant	
Last Name	First Name
Email Address	Phone Number (XXX-XXX-XXXX)
Grounds for Accommodation	
Applicants who experience barriers to participation in LRW because of a characteristic protected under applicable Human Rights legislation are entitled to an accommodation.	
Please indicate the detailed grounds under which you are seeking accommodation.	
Is this a medical or disability-related accommodation?	
Yes	
No	
Is this a permanent barrier to your participation in the program?	
Yes	
No	
Prior Accommodation	
Have you received accommodation in the past?	
Yes	
No	
Certification and Signature – Applicant	
I confirm that I have read and understood the requirements of this form and any relevant CPLD policies. I affirm that all the information and documentation provided in support of this application are accurate and true. I understand that CPLD may request further information and documentation from me in support of my application. For the purposes of verifying authenticity, I authorize CPLD to contact anyone who provided documentation submitted in support of this application, including but not limited to medical documentation.	
Signature	Date (YYYY-MM-DD)

PART B – PROGRAM INFORMATION

LRW has multiple completion requirements. Depending on the accommodation requested, applicants may not require accommodation for all components of the program. Detailed [course schedules](#) are available for review on our website and include release dates and deadlines for course deliverables.

Modules and Quizzes
Two modules are delivered virtually, with a required quiz at the end of each module. Quizzes are timed, and multiple attempts are allowed. Students have approximately two weeks to complete this component of the program.
Do you require accommodation for the LRW modules and/or quizzes?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm your requested accommodation. For example, you may require extended time for quiz completion.
Assignments
Four assignments are delivered virtually. Two assignments are educational, and two assignments are evaluative. Students have approximately one to two weeks for the completion of each assignment.
Do you require accommodation for the LRW assignments?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm your requested accommodation. For example, you may require adaptive technology or software for the submission of assignments.

PART C – SUPPORTING DOCUMENTATION

Supporting documentation is important to help CPLED staff understand the type of accommodations which will enable an applicant's full participation in their program.

Supporting Documentation
<p>Are you providing supporting documentation with your application?</p> <p>Yes</p> <p>No</p> <p>If yes, check all that apply (and attach them with your submission):</p> <p>Information in support of the current need for accommodation.</p> <p>Evidence of past accommodations in school (assignments or exams).</p> <p>Evidence of past or current accommodations at work.</p>
<p>Do you have medical supporting documentation?</p> <p>Yes</p> <p>No</p> <p>If yes, please also complete PART D – MEDICAL INFORMATION. If your medical documentation pre-dates this application, you can still submit your application, but we may require the completion of Part D in the future.</p>

PART D – MEDICAL INFORMATION (if applicable)

Only provide this section of the form to your regulated health professional to complete if you are requesting a medical or disability-related accommodation.

Identifying Information – Health Professional	
Last Name	First Name
Email Address	Phone Number (XXX-XXX-XXXX)
Address	Occupation
Qualifications and History	
Please describe your professional qualifications, including any professional licenses you maintain, your area(s) of practice and any specialties, and any experience you have assessing and/or recommending accommodations.	
Are you the applicant's current regulated health professional?	
Yes	
No	
How long have you been treating the applicant?	
What was the date of your last treatment or consultation with the applicant?	
Disability or Medical Condition Details	
Please confirm the diagnosis and explain how this creates a barrier to the applicant's ability to participate in their program.	
Is this disability or medical condition permanent?	
Yes	
No	
If no, please confirm the expected date of return to prior health status.	

Recommended Accommodation

Have you reviewed Part A and Part B of this form as completed by the applicant?

Yes

No

Please specify in the boxes below where accommodation is required.

Modules and Quizzes – Two modules are delivered virtually, with a required quiz at the end of each module. Quizzes are timed, and multiple attempts are allowed. Students have approximately **two weeks** to complete this component of the program.

Accommodation required for the following:

Online modules

Module quizzes

Recommended accommodation (please be as specific as possible):

Assignments – Four assignments are delivered virtually. Two assignments are educational, and two assignments are evaluative. Students have approximately **one to two weeks** for the completion of each assignment.

Accommodation required for the following:

Assignment 1 (educational)

Assignment 2 (educational)

Assignment 3 (evaluative)

Assignment 4 (evaluative)

Recommended accommodation (please be as specific as possible):

Certification and Signature – Health Professional

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

Signature

Date

(YYYY-MM-DD)