

I confirm that I have read and understood the requirements of this form and any relevant CPLED policies. I affirm that all the information and documentation provided in support of this application are accurate and true. I understand that CPLED may request further information and documentation from me in support of my application. For the purposes of verifying authenticity, I authorize CPLED to contact anyone who provided documentation submitted in support of this application, including but not limited to medical documentation.

Student Signature	Date [YYYY-MM-DD]
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LRW APPLICATION FOR ACCOMMODATION (PART B – REGULATED HEALTH PROFESSIONAL)

This form is intended to assist your regulated health professional in providing information CPLLED requires to consider your accommodation request.

Provide this form to a regulated health professional who has the appropriate credentials to diagnose, treat and recommend accommodations for individuals with your disability or medical condition. The regulated health professional must have treated, diagnosed or had some other professional relationship with you in recent years directly related to your current prognosis.

Regulated Health Professional Information	
Last Name	First Name
Email	Phone
Address	Occupation
Regulated Health Professional Qualifications	
<p><i>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.</i></p> <p>Are you the applicant's current regulated health professional? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, how long have you been treating the applicant? _____</p> <p>I have reviewed the applicant's completed Application for Accommodation (Part A – Student Application).</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
Disability or Medical Condition Details	
<p>Prognosis:</p> 	
<p>Date [YYYY-MM-DD] of your last treatment or consultation with the applicant:</p>	
<p>It is important for us to know if the disability is permanent or temporary in order to properly consider future accommodation requests.</p> <p>Is this a permanent disability? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If no, expected date of return to pre-disability status: _____</p> <p>How will the applicant's ability to participate in their CPLLED program be affected by their disability or medical condition?</p> 	

Recommended Accommodation

In this section, please describe any specific accommodation you are recommending, as well as any alternative accommodation that may be considered. Recommendations should be as specific as possible. Recommendations for specific accommodation must explain how such an accommodation will enable the applicant's full participation in their program. Recommendations should take into account the format of the phase of the program for which an accommodation is sought. Recommendations should not modify the nature or level of the assessment.

Online Modules

- Delivered virtually.
- Two online content modules which can be completed at a student's own pace over a two-week period.
- Each module includes a required 30-question multiple choice quiz. Students are given two hours to complete the quiz. Students can reattempt the quiz if they are unsuccessful.

Students must successfully complete the modules and quizzes to move forward in the course.

Recommended Accommodation:

(Please note that the online modules progress as self-directed study. Students who require additional time to complete the modules may need to delay their entry to the next phase of the course until the next available program intake. Extensions in the time allotted for quizzes can be accommodated.)

- Large font (____pt)
- Additional Time on quizzes – Specific amount of additional time required _____
- Other *(please specify below)*

Assignments

- Delivered virtually.
- Four assignments to be completed, two in legal research and two in legal writing.
- Assignments are based on a factual scenario that students are expected to work with when completing the assignments.
- Assignments are provided to students with multiple days to complete to allow for self-pacing.

*Students must complete and submit all assignments to pass the course. The results of Assignments 1 and 2 are **not** considered in determining a student's final course result. The results of Assignments 3 and 4 **are** considered in determining a student's final course result.*

Recommended Accommodation:

- Large font (____pt)
- Additional Time – Specific amount of additional time required _____
- Other *(please specify below)*

How will the accommodation enable the applicant's full participation in their program?

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

Regulated Health Professional Signature

Date [YYYY-MM-DD]