



## Examination Accommodations Request Form

Complete this form if you have permanent or temporary functional limitation(s) which may substantially affect your ability to an examination under standard conditions. Please ensure that this form and all supporting documentation are received immediately after you have registered for your examination. All requests are confidential and are subject to review and approval by HRP.

**Except in unusual circumstances, such as a recent injury, requests for accommodation must be received by HRP 20 calendar days prior to the registration deadline of the examination testing window the candidate wishes to test in. If requests are received after this deadline, HRP may not be able to process the request in a timely manner.**

### Section 1: Candidate Information

Candidate's Name:	HRP Registration Number:
Telephone Number:	E-Mail Address:

### Section 2: Examination Information

Which examination have you registered for?

- CHRP Knowledge Examination (CHRP-KE)
- CHRL Knowledge Examination (CHRL-KE)
- CHRP Employment Law Examination
- CHRL Employment Law Examination
- Challenge Examination

**Note:** Not every Prometric test centre is equipped to implement every accommodation at every test centre. You may be required to travel to a different test centre outside of your preferred test centre depending on the accommodation(s) requested.

### Section 3: Accommodations Requested

Describe each accommodation you are requesting and provide a specific rationale for each. This rationale must be specific and complete; we will not be able to review your request if the rationale is not complete. Please note that you are not required to provide a diagnosis.

The information that you provide below will assist HRP in understanding your request and making a fair determination of your circumstances, as well as to ensure HRP and Prometric have the necessary resources to implement them.



Please use extra paper and attach, if necessary.

Extended Time: Standard Time + 25%

Rationale:

Extended Time: Standard Time + 50%

Rationale:

Private Room

Rationale:

Other(s)

Rationale:



I acknowledge and accept that:

1. This form and all supporting documentation must be received by HRPA prior to the examination registration deadline.
2. Any information provided to HRPA with respect to this request for examination accommodations is confidential.
3. HRPA will assess accommodations requests on an individual basis and, if deemed appropriate, will provide reasonable examination accommodations.
4. **NO** change will be made to examination content or HRPA rules and policies regarding the administration of my examination.
5. Prior to my scheduled examination date, I am required to sign an acknowledgement of the agreement reached with HRPA to accept the examination accommodations being offered. HRPA and Prometric reserve the right to schedule my examination at a test centre that can offer the approved examination accommodations. This requires that I accept that my preferred city may not be chosen to write my examination in.

Name (Print): \_\_\_\_\_

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

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