

## Exam Accommodation Request Form

Please complete this form to request accommodation(s) for your certifying exam and submit it, along with any supporting documents to [accommodations@skilledtradesontario.ca](mailto:accommodations@skilledtradesontario.ca). Once you have submitted this form, Skilled Trades Ontario may contact you to discuss your request. All requests are confidential and subject to review and approval by Skilled Trades Ontario.

### Important:

- Your accommodation(s) request must be approved by Skilled Trades Ontario **before** you schedule your exam.

### Section 1 – Exam Candidate Information

Candidate's Name:	
Skilled Trades Ontario Client ID Number:	
Telephone Number:	
Email address:	
Mailing address:	

## Section 2 – Accommodation Details

Please list below the accommodation(s) you are requesting along with a brief explanation of why you need them and supporting documentation. Documentation may include a recent, signed assessment or letter from a qualified health professional detailing the nature of the disability and recommended accommodations. Accommodation requests submitted without the required documentation cannot be approved.

**List your requested accommodation(s) and reason(s)/statement here.**

**The use of an interpreter or translator must be requested as an accommodation and supported by relevant medical documentation.**

## Section 3 – Exam Candidate Declaration and Consent

Skilled Trades Ontario collects, uses and discloses personal information in accordance with the [\*Freedom of Information and Protection of Privacy Act, 1990\*](#) (FIPPA) and sections 62 and 63 of the [\*Building Opportunities in the Skilled Trades Act, 2021\*](#) (BOSTA). The collection, use, and disclosure of your personal information will be limited to only what is necessary for the purposes of standards development activities, and corresponding with you regarding this submission, while being guided by FIPPA and BOSTA requirements should there be a third-party request for information and documents. Questions about this collection should be directed to the Director of Corporate Reporting at PO Box 2354 ROP SQ1 Shoppers Mississauga, ON L5B 3C8.

By signing this form, I certify that the information collected on this form is accurate and complete and that I have read and understood the Privacy Notice and consent to the collection, use and disclosure of my personal information.

(Insert signature)

Date (MM/DD/YYYY)