

Accommodation Request – Medical Form (Form 2)

CANDIDATES: Provide this form to a qualified professional who is licensed or who has the appropriate credentials to diagnose, treat, and recommend testing accommodations for individuals with your disability. The professional must have treated, diagnosed, or had some other professional relationship with you within the last five years. Attach additional pages/information as needed. Include the completed form in your accommodation request package.

We require original signatures on all documentation.

If you are a **CPA preparatory course student** or **ACAF** student, please send completed forms by **EMAIL** to ksalij@cpaontario.ca and **MAIL** original forms to CPA Ontario – Attention: Karen Salij, 69 Bloor Street East, Toronto, Ontario, M4W 1B3.

If you are a **CPA PEP** student, please send completed forms by **EMAIL** to tpeart@cpaontario.ca and **MAIL** original forms to CPA Ontario – Attention: Ted Peart, 69 Bloor Street East, Toronto, Ontario, M4W 1B3.

PRINT in capital letters or **CLICK** in the box to type.

Personal information	
Candidate name:	Candidate No.:
<div style="display: flex; justify-content: space-between;"> First Middle Last </div>	

Licensed/Qualified Professional's Information			
Professional's name			
Title	First	Last	
Name of Professional Organization:			
Designation:			
Street address		Daytime phone number (including area code)	
City	Province	Postal code	Country
Please describe your credentials and your professional relationship with the candidate, which qualify you to provide this recommendation for testing accommodation:			

Diagnosis and Treatment Information
1. Diagnosis:
2. Brief description of diagnosis:

