College of REGISTERED PSYCHIATRIC NURSES of Alberta

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS
RPNC Examination

Documentation of Accommodations During Nursing Education Form

Complete this form if you have a disability that requires accommodation in taking the RPNC examination, and you *received accommodations in your nursing program.*

SECTION A – CANDIDATE ONLY

Complete Section A **ONLY** and forward it to the **Academic Institution**

First/Given Name	Last/Family Name	Application Number

Other Surname(s)(your last/family name at birth, your maiden name or other former names):	Date of Birth

Mailing Address

I give my consent to you to provide the information requested in Section B of this form and send it directly to the College of Registered Psychiatric Nurses of Alberta (CRPNA).

_____ Date

_____ Hint: Use 'Fill & Sign' feature Then select ' Add Signature' from menu

SECTION B – TO BE COMPLETED BY THE ACADEMIC INSTITUTION

Please provide the following information concerning the above candidate and return this form directly to CRPNA via email at crpna@crpna.ab.ca.

NOTE: THIS IS NOT TO BE SENT BY THE CANDIDATE

Due to the nature of the candidate's disability _____,
(description of disability)

candidate should be accommodated with the following (check all that apply):

☐ Separate room ☐ Adjustable contrast ☐ Adjustable font size ☐ Reader

☐ Recorder ☐ Screen magnifier

☐ Other (specify) _____

Additional time (please select one): ◯ Time and a half ◯ Double time ◯ Other _____

Provide the following information to support this recommendation. Please attach additional pages, supporting letters and/or reports as necessary.

Approximate date the candidate first started receiving accommodations in the nursing program: _____
(mm/dd/yy)

Suite 201, 9711-45th Avenue Edmonton Alberta T6E 5V8
T: 780-434-7666 F: 780-436-4165 Toll Free: 1-877-234-7666 E: crpna@crpna.ab.ca

A description of the accommodations granted to the candidate during the course of the nursing program:

_____

_____

Any other comments:

_____

_____

_____

Academic Institution Representative Name	Email	Phone Number
Title	Signature	Date

Hint: Use 'Fill & Sign' feature Then select ' Add Signature' from menu

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