



LICENSING PROCESS

Medical Absence Form

This document is the official Law Society form for candidates who are requesting special consideration based on illness or injury and were unable to attend their assigned Licensing Examination sitting. Candidates are to provide this document to their licensed medical practitioner for completion of the appropriate section(s) as indicated below.

Candidates who wish to defer their examination and can meet the 5 business day deadline prior to the examination sitting are required to submit a Change or Deferral Request Form available online on the "Fees and Forms" section. The Medical Absence Form is only to be used after that deadline in the event of illness or unexpected injury necessitating an absence from the assigned Licensing Examination sitting.

Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed. Please retain a copy of all your submissions for your records.

PART A (Candidate)

Licensing Process Candidate Identification: (please print clearly)

Candidate Name:

Candidate Number:

I hereby authorize the **Manager, Licensing and Accreditation or Designate of the Law Society of Ontario** to verify with my attending physician or other licensed medical professional or his/her staff or colleagues that the contents of this form are true. I understand that the Law Society will maintain and store this information in such a manner as to protect its confidentiality.

Candidate's Signature

Date

PART B (Physician)

To be completed by the attending Physician or other licensed medical practitioner (after the above section is completed).

The above named candidate has requested special consideration for an excused absence from the Licensing Examination based on medical grounds. The candidate is authorizing you, the attending physician or licensed medical practitioner as indicated above, to release the information requested. Your evaluation of the Candidate's condition will be used for the purpose of determining if the Candidate has or had a **valid reason** to miss or, have missed, a **Licensing Examination**.

Your professional evaluation is also necessary to ensure that only valid cases are considered. Please retain a copy of this form for your files as your office may be contacted to verify that this form was completed by the attending physician or medical practitioner. The original form must be returned to the candidate for submission to the Law Society. Please complete the medical information requested in Part B on this form.

Physician's name:

Mailing Address:

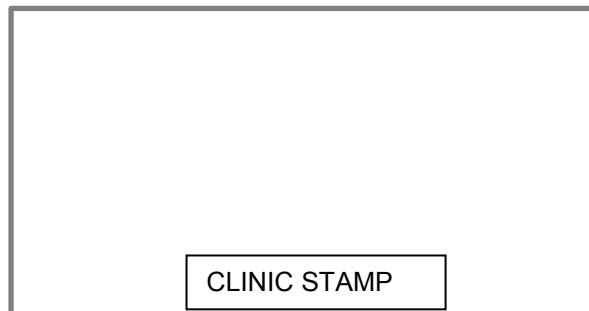
Telephone:

Fax:

I certify that the nature of the Candidate's medical condition is/was severe enough to prevent the Candidate from writing the Licensing Examination. If requested, my associates or I will verify for the Law Society of Ontario that this information is accurate.

Physician's Signature

Date



Note to Physician:

1. Please make a note in the Candidate's/patient's file indicating that the Candidate has given the above-named administrator permission to verify with you, your staff, or your colleagues that the information contained on this form is correct. Thank you for your professional evaluation of this Candidate's medical condition/illness.
2. Please attach this form to your regular office stationery and indicate when the candidate visited your office.

Note to Candidate:

3. It is NOT SUFFICIENT to provide a note that only indicates the Candidate visited the doctor's office.
4. This form must be complete and submitted to the Licensing and Accreditation Department of the Law Society within 10 business days after the date of the missed Licensing Examination.

For use by the Law Society only:

Date Received: _____

Accepted Not Accepted Manager or Designate: _____