

LICENSING PROCESS – EXAMINATION ADMINISTRATION

Supporting Documentation Form

(FOR MEDICAL PROFESSIONALS RECOMMENDING ACCOMMODATION)

Candidates registered in the Law Society of Ontario's Lawyer and Paralegal Licensing Processes may request accommodation for a Licensing Examination based on a condition that arises from an enumerated ground listed in the *Human Rights Code*, R.S.O. 1990, c. H.19. To be approved for accommodation, candidates must submit an Accommodation Request Form as well as all necessary supporting documentation as established in the Policy and Procedures for Accommodations for Candidates in the Lawyer and Paralegal Licensing Processes.

A candidate making a request for accommodation based on a disability (which, for these purposes, includes any medical condition or a pregnancy- or maternity-related need) must provide verifiable medical documentation in support of the request. Medical professionals must use this Form to submit their supporting documentation. All documentation should be as specific as possible. Medical professionals completing this Form are invited to attach appendices to this Form where additional space is necessary. Final determinations about accommodation requests will not be made until all required supporting documentation is received. The Accommodation Request Form and all supporting documentation must be submitted to Examination Administration no later than 30 business days prior to the sitting of the Licensing Examination for which accommodation has been requested. Further information about the accommodation process can be found on the Law Society of Ontario's [website](#).

This completed Form, along with any appendices or other supporting documentation, must be submitted directly by the medical professional to Examination Administration. Once complete, print, sign, date and file this Form and all supporting documentation by one of the following options:

1. Scan and email to examinationaccommodation@lso.ca; or
2. Mail to Examination Administration, Licensing and Accreditation Department, Law Society of Ontario, 130 Queen Street West, Toronto, ON, Canada M5H 2N6; or
3. In-person delivery to Law Society of Ontario.

Please note, this form contains 4 pages. Please ensure all 4 pages are included, in your submission.

Candidate Information

Name:

Candidate Number:

Medical Professional Information

Name:

Profession:

Office / Organization:

Mailing Address:

Street/Apt No.

City

Province

Postal Code

Daytime Phone:

Can a detailed message be left?

Yes

No

Email Address:

Medical Professional Qualifications

In this section, please describe your professional qualifications. Please provide information about any professional licenses you maintain, your area(s) of practice and any specialties, and any experience you have assessing and/or recommending accommodations for test-takers.

Description of the Licensing Examinations

Each Licensing Examination is 7 hours in length, divided into two 3.5 hour sessions (morning and afternoon of the same day) with a break in between. Each Licensing Examination is an open-book format consisting entirely of multiple-choice questions with answers marked in pencil on a Scantron answer sheet. Typically, candidates who receive accommodations will write their Licensing Examination(s) at a dedicated venue.

Confirmation of Grounds for Accommodation

In this section, please confirm that the above-named candidate is affected by a disability (which, for these purposes, includes any medical condition or a pregnancy- or maternity-related need), and provide an explanation of how that disability adversely affects the candidate's ability to write the Licensing Examination(s). Candidates are required to provide medical confirmation that the disability exists, but will not generally be required to explicitly inform Examination Administration of the specific type of disability, or to provide specific medical information, such as a diagnosis, where that information is not reasonably necessary to the provision of accommodation. Examination Administration keeps accommodation-related information in strict confidence and uses the information solely for the purpose of providing the accommodation.

When was the candidate diagnosed with this condition? Date:

Description of Recommended Accommodation(s) and any Alternative Accommodations

In this section, please describe any specific accommodation(s) you are recommending, as well as any alternative accommodations that may be considered. Recommendations for specific accommodation(s) must explain how that accommodation will negate or mitigate the adverse effect of the candidate's disability while writing the Licensing Examination(s). All recommended accommodations should be as specific as possible and must take into account the format of the Licensing Examinations. For example, if you are recommending Licensing Examination materials in an alternative format, specify the recommended type of alternative format; if you are recommending additional writing time to complete a Licensing Examination, indicate the recommended amount of additional time.

Please Note: Candidates who are requesting additional writing time to complete a Licensing Examination due to a cognitive condition must provide a psychological or psycho-educational assessment report to support the recommendation of the licensed professional. A psychological and/or psycho-educational assessment report should identify issues impacting the candidate's development, functioning, severity of condition, and current treatment. This report should explain how the candidate is impacted by the disability, and how the candidate's functional limitations are caused by the diagnosed impairment, in order to provide a measurable basis to justify the recommendation for additional writing time. All recommendations for additional writing time must indicate exactly how much additional writing time is requested and must relate to the multiple-choice format of the Licensing Examinations.

Medical Professional Confirmation and Signature

Please complete the following:

How long has the candidate been in your care?

I confirm that the foregoing information I have provided is accurate to the best of my knowledge and expertise.

Signature

Date