



Canadian Association of Speech-Language Pathologists and Audiologists  
Association canadienne des orthophonistes et audiologistes

## **CASLPA CLINICAL CERTIFICATION EXAM** **SPECIAL ACCOMMODATION APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

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### **ACCOMMODATION INFORMATION**

The CASLPA Clinical Certification Exam will be administered under special accommodation for those candidates with special needs, including religious restrictions.

All requests for special accommodation must be supported with written verification listing the special requirements the candidate has been granted for testing at the University.

Special accommodation requests are approved on a case by case basis. Additional charges may apply.

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### **SPECIAL ACCOMMODATION/ARRANGEMENTS REQUESTS**

Please list the specific special accommodations and/or arrangements you are requesting (e.g. extra time, separate room, alternate date for religious restrictions).

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I understand that this application must be received no later than the posted exam application deadlines and no changes may be made after the posted deadlines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **OFFICE USE ONLY**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_