



College of
Massage
Therapists of
Ontario

**Certification Examination
Testing Accommodation Application**



College of Massage Therapists of Ontario

Testing Accommodations for Candidates with Disabilities

The College of Massage Therapists of Ontario (CMTO or the College) supports the provision of reasonable testing accommodations for candidates with documented disabilities. A candidate with a documented disability¹ as defined in the *Human Rights Code* who needs modification to the standard testing conditions may request special testing accommodations to take the Certification Examination.

The purpose of accommodations is to provide equity, not advantage. An accommodation request that would substantially alter essential elements of the examination will not be granted. The goal is to make accommodations that are specific to the disability or disabilities of the candidate, while keeping as much of the original examination materials and testing environment as possible.

Candidates who need an elevator or wheelchair access at the test site do not need to follow the formal process outlined below. These candidates are asked simply to submit a written request to the Certification Services Department for elevator or wheelchair accessibility.

Requests for Accommodation

A candidate's request for accommodation **must** include the following documentation:

- Accommodation Request Form (completed by candidate) **and**
- Accommodation Request Verification Form (completed by registered/licensed professional who has the appropriate credentials to assess the disability)

¹ "Disability" as defined in the *Human Rights Code* means:

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device, (b) a condition of mental impairment or a developmental disability, (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language, (d) a mental disorder, or (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*;

If the candidate has a history of having been given testing accommodation during their Massage Therapy educational program, the candidate **must** also submit the

- Confirmation of Accommodation History Form (completed by the Massage Therapy education provider)

Documentation

Candidates are responsible for providing sufficient information about their disability and accommodation needs. Reports and diagnostic information (or further reports and information) may be required in some cases to document the candidate's disability and any history of testing accommodation. Candidates are encouraged to provide as much information as they are comfortable with providing with their application to avoid processing delays.

Documentation of a specific learning disability, including the identification and classification of the disorder and recommendations for testing accommodations, should be provided by an educational specialist, psychologist or counsellor rather than a family physician. In addition to the *Accommodation Request Verification Form*, the candidate may submit documentation which:

1. Provides specific diagnostic data (i.e. test results) to support the diagnosed disability; and
2. Establishes that a particular accommodation is necessary.

The documentation (e.g. psycho educational evaluation) should include general observations, a history of the disability, a description of its impact on the candidate's functioning, identification of the specific standardized and professionally recognized tests/assessments given, the scores resulting from testing, interpretation of the scores and evaluation, and recommendations for testing accommodation.

Professional Diagnosis – Additional Information

The professional who has made the diagnosis is required to explain the specific aspect of the disability which requires testing accommodation, the effect of the disability on the candidate's ability to perform under the customary testing conditions, and the impact of the disability on major life activities (e.g. learning, seeing, hearing etc.). If the candidate has no history of testing accommodation, the professional verifying the disability should include an explanation as to why testing accommodations are currently needed. Where the request is in regard to a learning disability, the professional providing information should be a specialist in learning disabilities.

The candidate and the professional recommending the testing accommodation(s) should consult and come to an agreement as to the appropriate testing accommodations being requested. That is, the accommodations requested by the candidate on the **Accommodation Request Form must** match those recommended by the professional on the **Accommodation**

Request Verification Form. Without such agreement, the candidate's request for accommodation will be delayed.

The candidate is responsible for ensuring that the professional(s) completing the requested forms provide(s) all of the required information, that all documentation is completed and that all supporting documentation and materials are submitted with the candidate's application for examination no later than eight weeks before the examination application deadline date. If an application is submitted after that deadline, CMTO cannot guarantee that the application will be processed in time for the examination date requested. Depending on the type of accommodations requested, some applications may take longer to process.

If additional information is required about the candidate's disability, the candidate will be asked to obtain it or CMTO will contact the professional directly. CMTO will not consider applications that do not include documentation of appropriate clinical/diagnostic or psycho educational assessment/evaluation.

Review of the Accommodation Request

Requests for special testing accommodations will be reviewed by the College. The College will communicate with the candidate regarding the status of the candidate's request. In order to ensure effective communication, the College will generally only communicate with the candidate. With the candidate's consent, the College may also communicate with professionals knowledgeable about the candidate's disability, the candidate's Massage Therapy Education Provider or the candidate's legal representative.

Please note that the College cannot guarantee that accommodations will be approved as requested. Accommodations are determined based on the information submitted in the application, including relevant supporting documentation. If the request and supporting documentation do not demonstrate a need for the particular requested accommodation, the College may require more information or may deny the request.

As well, please note that the College cannot guarantee that the particular form of accommodation requested will be granted.

Test Accommodation Agreement

Where accommodation has been approved for an eligible candidate, a **Test Accommodation Agreement** will be prepared by the College specifying the elements and exact nature of the accommodation(s) and signed by the candidate and the College.

Candidates must submit their signed accommodation agreement with a completed paper examination application. Upon receipt of these documents, the Certification Services Department will email OSCE and MCQ scheduling availability to the candidate.

Please note that special accommodation MCQ Exams cannot be scheduled online. A paper examination application must be provided unless a candidate requires an alternate format.

Please also note that special accommodation OSCE and MCQ examinations are conducted on-site at the College's office. Candidates who have been approved for MCQ accommodations will not receive accommodations if they schedule an MCQ at the standard testing centre.

PLEASE RETAIN THE ABOVE PAGES FOR YOUR RECORDS



College of Massage Therapists of Ontario

SECTION 1: Candidate Request

Accommodation Request Form

Candidates with disabilities who are requesting testing accommodations for the College's certification examinations must complete this form and return it with the examination application. Current (within the last five years) documentation of the disability must be enclosed with this application. This documentation must come from a qualified professional who is regulated or whose credentials are appropriate to diagnose and treat the disability and make recommendations regarding appropriate testing accommodations.

If the candidate has received testing accommodations during their Massage Therapy education, the College's **Documentation of Testing Accommodation Form** must be completed by professional staff in the office of the school and included with the application.

Please Print or Type

Candidate Information			
Legal First Name:		Commonly Used Name (if applicable):	
Legal Last Name:			Title (e.g., Mr. Ms.):
Mailing Address:			
City:	Province:	Postal Code:	
Home Phone:		Cell Phone:	
E-mail Address:			
Massage Therapy Program Attended:			
Campus Location (if more than one):			
Expected Graduation Date (MM/DD/YYYY):			
Have you received testing accommodation in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred method of communication:		<input type="checkbox"/> e-mail <input type="checkbox"/> home phone <input type="checkbox"/> cell phone	

Please provide all necessary information regarding your disability for the College to evaluate your request:

Multiple Choice Question (MCQ) Examination Accommodation Request (select all you are requesting)

Assistance:	<input type="checkbox"/> Reader ²	<input type="checkbox"/> Scribe ³	<input type="checkbox"/> Semi-private room
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²An MCQ Reader is a designated staff person who is responsible for reading all of the examination content presented to the candidate. A Reader will read each question and all possible answer choices and can repeat, as required.

³A Scribe is a designated staff person who will select the answer choices on the computer based on the candidate’s answer selections. If the candidate requests both a Reader and a Scribe, one person will perform both tasks. The Reader and/or Scribe cannot and will not provide any information beyond the information presented in the written questions.

The MCQ is a 180-minute (3-hour) multiple-choice examination consisting of 150 questions delivered on computer.

Additional Time Requested:	<input type="checkbox"/> Time and a half (4 ½ hours which is 270 minutes)
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Other amount of time (please specify):	
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Other accommodation request (please specify):	
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Briefly describe the reasons for the MCQ accommodation request and how it relates to your disability:

**Objectively Structured Clinical Evaluation (OSCE)
Accommodation Request (select all you are requesting)**

Formats:	<input type="checkbox"/> Large type (specify font size)	<input type="checkbox"/> Other (specify):
Assistance:	<input type="checkbox"/> Reader ⁴	<input type="checkbox"/> Guide ⁵

⁴An OSCE Reader is a designated staff person who is responsible for reading all of the examination content that the candidate is presented with. An OSCE Reader will read the OSCE stem (physical page/stem containing candidate instructions) and can repeat, as required.

⁵A Guide can assist candidates who are visually impaired by helping them to each station, explaining what materials/props are available in each station, describing what position the client is in, etc. However, the Reader and/or Guide cannot provide any additional information beyond what is presented in the question stem.

The OSCE is a 7 station examination (12 minutes for each scenario)

Additional Time Requested	<input type="checkbox"/> Time and a half (18 minutes for each scenario)
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Other accommodation request (please specify):	
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Briefly describe the reasons for the OSCE accommodation request and how it relates to your disability:

Alternative Accommodation Request

If the accommodations you are requesting for the OSCE and/or MCQ are not available, please provide an acceptable alternative request, if possible:

Additional Information

Please provide any additional information you feel is relevant to support your application (attach information if required)

Declaration

I certify that the information provided by me on this form is complete and accurate. I authorize the College to contact the diagnosing professional and my Massage Therapy education provider for further information, as needed, with respect to this application.

_____	_____
Signature	Date (DD/MM/YYYY)

This form **MUST** be enclosed with your application mailed to the College.



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SECTION 2: Registered or Qualified Professional

Accommodation Request Verification Form

This form must be completed by a registered or qualified professional whose credentials are appropriate to evaluate the candidate's disability, and make recommendations regarding appropriate testing accommodations for individuals with the disability. The professional must have treated, diagnosed or had some other professional relationship with the candidate ***within the past five years***. Attach additional sheets as needed. Return this form with your application.

Please Print or Type

Candidate Information		
First Name:	Last Name:	
Address:	City:	
Province:	Postal Code:	
Registered/Qualified Professional Information		
Name:	Title:	
Institution:		
Address:		
City:	Province:	Postal Code:
Telephone:		
E-mail Address:		
Disability Evaluation/Assessment		
1.	Disability:	

2.	Briefly describe the disability:
3.	Please indicate the last date of treatment or consultation with the candidate:
4.	Explain the aspect of the disability which requires testing accommodation, and the effect of the disability on the candidate’s ability to perform under standard testing conditions:
Supporting Documentation	
5.	If the candidate has a specific learning disability, please identify the assessments used to identify and confirm the diagnosed disability (e.g. standardized psychological/ educational tests). Enclose copies of these test results/evaluations/educational or psychological reports with this form.

Multiple Choice Question (MCQ) Examination Accommodation Recommendations

6 (a)	Based on your knowledge of this candidate's disability, which of the following accommodations is/are recommended for the multiple choice examination (MCQ). (Note that the MCQ is administered via computer)		
Assistance:	<input type="checkbox"/> Reader ⁶	<input type="checkbox"/> Scribe ⁷	<input type="checkbox"/> Semi-private room
<p>⁶An MCQ Reader is a designated staff person who is responsible for reading all of the examination content that the candidate is presented with. A Reader will read each question and all possible answer choices and can repeat, as required.</p> <p>⁷A Scribe is a designated staff person who will select the answer choices on the computer based on the candidate's answer selections. If the candidate requests both a Reader and a Scribe, one person will perform both tasks. Note that the Reader and/or Scribe cannot provide any additional information beyond the information presented in the questions.</p>			
Other (please specify):			
The MCQ is a 180-minute (3 hours) multiple-choice examination consisting of 150 questions delivered on computer.			
Additional Time Requested:	<input type="checkbox"/> Time and a half (4 ½ hours which is 270 minutes)		
Other accommodation request (please specify):			
Provide a rationale for the specific amount of extended time recommended:			
6 (b)	Please describe how the recommended accommodation(s) relate to the candidate's disability:		

**Objectively Structured Clinical Evaluation (OSCE)
Accommodation Recommendations**

7 (a) Based on your knowledge of this candidate’s disability, which of the following accommodation(s) is/are recommended for the OSCE examination (Clinical)? (Check all that apply):

Formats: Large type (specify font size):

Assistance: Reader⁸ Guide⁹

⁸An OSCE Reader is a designated staff person who is responsible for reading all of the examination content that the candidate is presented with. An OSCE Reader will read the OSCE stem (physical page/stem containing candidate instructions) and can repeat, as required. ⁹A Guide can assist candidates who are visually impaired by helping them to each station, explaining what materials/props are available in each station, describing what position the client is in, etc. However, the Reader and/or Guide cannot provide any additional information beyond what is presented in the question stem.

Other (please specify):

Extended Time The OSCE is a 7 station examination (12 minutes per scenario)

Additional Time Requested Time and a half (18 minutes/scenario)

Other accommodation request (please specify):

Provide a rationale for the accommodation recommended for the OSCE:

7 (b) How is the recommended accommodation(s) related to the candidate’s disability?

Alternative Recommendations

8.	If recommended accommodations are not available for the OSCE and/or MCQ, please provide acceptable alternative recommendations if possible:

Professional Qualifications

9.	Please describe your qualifications/credentials and professional relationship with this candidate which enables you to provide these recommendations for testing:

Additional Information

Please provide any additional information relevant to support the application (attach information if required)

Declaration

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

_____	_____	_____
SIGNATURE	REG. NO/CERTIFICATION NO.	DATE (DD/MM/YYYY)



College of Massage Therapists of Ontario

SECTION 3: Massage Therapy Education Provider

Documentation of Testing Accommodation

This form should be completed by professional staff in the office of the school and enclosed with the examination application form if a candidate received accommodations during Massage Therapy education.

Please Print or Type

Candidate Information	
First Name:	Last Name:
Address:	City:
Province:	Postal Code:
Massage Therapy Program Attended:	
Graduation Date:	Received examination accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Representative Certifying Testing Accommodation History in Massage Therapy Program	
Name:	Title:
Name of School:	
Campus Location (if more than one):	
Address:	
City:	Province:
Postal Code:	Telephone:
E-mail:	

Multiple Choice Question (MCQ) Examination Accommodation provided to Student/Candidate

Assistance:	<input type="checkbox"/> Reader ¹⁰	<input type="checkbox"/> Scribe ¹¹	<input type="checkbox"/> Semi-private room
<p>¹⁰An MCQ Reader is a designated staff person who is responsible for reading all of the examination content that the candidate is presented with. A Reader will read each question and all possible answer choices and can repeat, as required.</p> <p>¹¹A Scribe is a designated staff person who will select the answer choices on the computer based on the candidate's answer selections. If the candidate requests both a Reader and a Scribe, one person will perform both tasks. Note that the Reader and/or Scribe cannot provide any additional information beyond the information presented in the questions.</p>			
Other (please specify):			
Extended Time:	Indicate the standard time given for MCQ testing in the program and the amount of time provided to this student/candidate to complete MCQ tests		
Other accommodation given to this student/candidate (please specify):			

Objectively Structured Clinical Evaluation (OSCE) Accommodation provided to Student/Candidate

Formats:	<input type="checkbox"/> Large type (specify font size):		
Assistance:	<input type="checkbox"/> Reader ¹⁰	<input type="checkbox"/> Guide ¹¹	
<p>¹⁰An OSCE Reader is a designated staff person who is responsible for reading all of the examination content that the candidate is presented with. An OSCE Reader will read the OSCE stem (physical page/stem containing candidate instructions) and can repeat, as required. ¹¹A Guide can assist candidates who are visually impaired by helping them to each station, explaining what materials/props are available in each station, describing what position the client is in, etc. However, the Reader and/or Guide cannot provide any additional information beyond what is presented in the question stem.</p>			
Other (please specify):			
Additional time provided:	<input type="checkbox"/> Time and a half		
Other accommodation provided (please specify):			
Provide the rationale for the accommodations provided the Massage Therapy program for MCQ and/or OSCE testing:			

Additional Information

Please provide any additional information relevant to support the application (attach information if required)

Declaration

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

_____	_____
Signature	Date (DD/MM/YYYY)