

Candidate Accommodations Request Form



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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Instructions

1. Please download the pdf form to your computer; then fill, save before returning.
2. You must complete and submit this form each time you need to request accommodation on an exam.
3. Once completed, send it to CNO using the mail, email or fax contact information at the top of this form.

Please review the *Privacy Policy* on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.

TO BE COMPLETED BY THE APPLICANT

First name _____

Application Number: _____

Last name _____

Exam _____

Street address _____ City _____

Exam Date (if known): DD / MMM / YY _____

Province/State _____ Postal Code/Zip Code _____ Country _____

Language of exam: English French

Email address _____

Nature of disorder/condition _____

ACCOMMODATION(S) REQUESTED FOR EXAMINATION (check all that apply)

Separate Rooms Additional Time (please specify time needed) _____ Reader

Other (please specify) _____

Comments (please explain your request in 300 words or less.)

Signature _____

Date: DD / MMM / YY _____