



**Canadian Association of Registered Diagnostic Ultrasound Professionals  
Association Canadienne des Professionnels Autorisés en Échographie Diagnostique**

**CARDUP ACPAED**

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## **CARDUP Examinations Special Needs Accommodation Request**

### **1. CARDUP SPECIAL NEEDS ACCOMMODATION POLICY**

CARDUP strives to make their examinations available to all who are qualified to write and have satisfied the required prerequisites. CARDUP will provide, upon approved request, reasonable accommodations including auxiliary aids and services necessary to allow individuals with a documented physical or mental impairment an equal opportunity to participate in the CARDUP examinations.

If you have a disability or impairment that limits major life activities, you may make a request for special needs accommodation to write the CARDUP examination(s) for which you are applying. Please complete this request form and submit it with the appropriate supporting documentation at the same time that you submit your CARDUP Examination Application. Your request will be handled on a confidential and individual basis.

Along with this request form, one of the following must be provided as supporting documentation:

- A letter on official school letterhead and signed by your Program Representative describing similar special needs accommodations that were provided to you by your ultrasound education program so that you could participate in the program and write examinations as required.

*Or if you have not received similar special needs accommodation while attending your educational program, please submit the following:*

- A letter on official office letterhead signed by a healthcare or counseling professional specializing in your disability which:
  - ❖ Indicates that this specialist completed an assessment of your disability within the last five years.
  - ❖ Describes in details the identity (diagnosis) and the extent of your disability.
  - ❖ Describes clearly your current functional limitation(s).
  - ❖ Both recommends and supports your request for the special needs accommodation as indicated in this form.

This request form must be completed fully and must be accompanied by the supporting documentation in order for CARDUP to evaluate and render a decision. The test accommodation can be an adjustment or modification of the standard testing conditions designed to allow for the disabled candidate's participation without compromising the validity or integrity of CARDUP examination(s) or providing an unfair advantage to the disabled candidate or imposing undue hardship for CARDUP. Your submission will be reviewed in full, and CARDUP will collaborate with you and the test site to ensure that the accommodations can be made available. CARDUP reserves the right to request additional documentation, if necessary, to complete its assessment of your request. A final decision regarding your special needs accommodation request will be forwarded to you in writing within 3 weeks of the examination date.

**CARDUP Examination – Special Needs Accommodation Request**

**2. PERSONAL AND CONTACT INFORMATION (Please type or print.)**

First Name	Last Name	
Address (Line 1)	Address (Line 2) (indicate Apt. / Unit #)	
P.O. Box or Rural Route (if applicable)	City	
Province	Postal Code	Country
CSDMS / CARDUP No. (if applicable)	( ) Home Telephone Number	
E-Mail Address	( ) Work Telephone Number	

**3. FOR WHICH SPECIFIC EXAMINATION(S) ARE YOU SEEKING SPECIAL NEEDS ACCOMMODATIONS? (PLEASE SUBMIT SEPARATE FORMS IF YOU ARE WRITING MORE THAN ONE EXAM, BUT ON DIFFERENT SITTING DATES.)**

<input type="checkbox"/> Core <input type="checkbox"/> Generalist <input type="checkbox"/> Cardiac <input type="checkbox"/> Vascular	<input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> January Indicate Year _____	<input type="checkbox"/> BCIT <input type="checkbox"/> NAIT <input type="checkbox"/> SAIT <input type="checkbox"/> Winnipeg Health Sciences <input type="checkbox"/> Mohawk	<input type="checkbox"/> Michener <input type="checkbox"/> Collège Boréal <input type="checkbox"/> QEII / Dalhousie School of Health Sciences <input type="checkbox"/> College of the North Atlantic
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**4. HAVE YOU TAKEN THE EXAMINATION(S) BEFORE?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you receive special accommodations for the examination(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. WHAT IS THE NATURE OF YOUR DISABILITY (PLEASE CHECK THE APPROPRIATE BOX.)**

<input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Psychiatric disability <input type="checkbox"/> Visual disability
<input type="checkbox"/> Hearing disability <input type="checkbox"/> Other: _____
When was your disability first professionally diagnosed? _____

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<b>6. PLEASE DESCRIBE YOUR DISABILITY AS INDICATED IN DETAIL INCLUDING ITS SEVERITY:</b>

<b>7. WHAT IS THE SPECIAL NEEDS ACCOMMODATION THAT YOU ARE REQUESTING?</b>	
<input type="checkbox"/> Isolated testing room	<input type="checkbox"/> Additional testing time
<input type="checkbox"/> Both an isolated testing room and additional testing time	<input type="checkbox"/> Other, Please specify: _____

<b>8. PLEASE DESCRIBE IN DETAIL THE SPECIAL NEEDS ACCOMMODATION THAT YOU ARE REQUESTING (E.G. IF, YOU ARE REQUESTING ADDITIONAL TESTING TIME, PLEASE EXPLAIN HOW MUCH MORE TIME YOU ARE REQUESTING OR WHETHER YOU REQUIRE EXTRA BREAKS DURING YOUR EXAM):</b>

<b>9. HAVE YOU BEEN PROVIDED WITH THIS SPECIAL NEEDS ACCOMMODATION WHILE ATTENDING YOUR EDUCATIONAL PROGRAM?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you provided a supporting letter from your Program Representative as indicated in Section 1 of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Or if you have not received similar special needs accommodation while attending your educational program, have you provided a supporting letter from your Specialist as indicated in Section 1 of this form?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Note: Incomplete forms and documentation will not be processed by CARDUP. Please ensure that you have provided all the requested information and that your form is fully completed and legible. Please ensure that this Special Needs Accommodation Request and supporting documentation is submitted along with your Examination Application.

By signing, I attest that all information provided in this request is true and accurate to the best of my knowledge.

I have read and understand CARDUP’s Privacy Policy and I consent to the collection, use and disclosure of this personal information for the purposes of processing this Special Needs Request.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Your request must be signed for processing.)