



Request for Modification of Examination Administration

Please provide the following information and return this form to TRAINCAN, Inc Examination Development and Certification, 23 Lesmill Rd. Suite 103 Toronto, ON M3B 3P6 or fax this request to 416-447-5333.

Candidate Name

Telephone Number (daytime)

Email

Description of disability that qualifies you for “accommodation.”

Use separate sheet if more space is needed.

Documentation of Disability

Documentation (such as a school psychology report; a letter from your doctor; a letter from your school counselor documenting disability) by a credentialed professional is required and must accompany this form. Once appropriate written documentation is received, you will be granted support for the accommodation you are requesting. TRAINCAN reserves the right to contact the professional to seek additional information to approve the request accommodation.

The following information must be completed by the instructor/proctor/organization:

Instructor/Proctor Name

Instructor/Proctor ID Number

Instructor/Proctor Phone Number

Email

Sponsor Name

Date of Examination

TrainCan, Inc. Use Only

Date Received

Date Approved

Approved Not Approved

If not approved, provide reasons:
