

Request for Master Electrician Exam Accommodation

masters.exam@electricalsafety.on.ca

ESA is committed to meeting the accessibility needs of persons with disabilities and medical conditions in a timely manner in accordance with the Human Rights Code, the Accessibility for Ontarians with Disabilities Act and the Integrated Accessibility Standards Regulation.

The submission of an accommodation request does not guarantee receiving an accommodation.

Accommodation Form Instructions

- Requests must be submitted at least fifteen (15) business days prior to the exam date. If it is determined the accommodation requires a private exam, Exam Personnel will notify you in writing and work with you to schedule the exam.
- If you are requesting an interpreter only, you do not need to complete this form. Please use the [Interpreter Form](#).
- Section A must be completed by the Exam Applicant.
- Section B must be completed by a **licensed healthcare professional** if your request is for one or more of the following accommodations: Additional Time and/or Breaks, Reader (provided by ESA), Private Room. If your request is not for one of these accommodations, Section B can be left blank.
- Section C must be completed by the Exam Applicant to ensure all supporting documentation is included.
- All supporting documentation must be submitted together electronically by email to masters.exam@electricalsafety.on.ca and should be provided by the Applicant.

SECTION A

To be completed by the applicant

Applicant Information:

First Name:	Middle Name:	Last Name:
Email:		
Date of Birth (YYYY/MM/DD):	Primary Phone Number:	
Date of Requested Exam (YYYY/MM/DD):	Location of Requested Exam:	

Accommodation Information:

Describe the accommodation(s) you are requesting. If your request is related to a disability, you are not required to disclose your specific condition. However, please be specific in what you are requesting and explain how we can assist you. Your request must align with the recommendation provided by your licensed healthcare professional.



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I understand that by submitting this form, I am confirming that all the information I have provided is true and accurate. I also agree that the Electrical Safety Authority can contact me for more information.

Applicant Signature: _____ **Date:** _____

SECTION B INSTRUCTIONS

This section is to be **completed by a regulated and licenced healthcare professional** if your request is for one or more of the following accommodations:

- Additional Time and/or Breaks
- Reader (provided by ESA)
- Private Room

If your request is not for one of the above accommodations Section B can be left blank.

This section must be completed and signed by a regulated and licenced healthcare professional whose credentials qualify them to diagnose the underlying condition, and accordingly provide relevant accommodation suggestions.

Accommodation(s) Requested (select all that apply):

- Additional Time and/or Breaks. The exam is three (3) hours in duration (no breaks provided). The licensed healthcare professional must specify the exact amount of additional time needed (a request for unlimited time will not be granted).
- Reader (provided by ESA). If approved, you will be contacted by exam personnel to schedule a private exam.
- Private Room. If approved, you will be contacted by exam personnel to schedule a private exam.

BY SUBMITTING PERSONAL INFORMATION TO THE ELECTRICAL SAFETY AUTHORITY, OR ITS AGENTS AND SERVICE PROVIDERS, YOU AGREE THAT ESA MAY COLLECT, USE AND DISCLOSE SUCH PERSONAL INFORMATION IN ACCORDANCE WITH ITS [PRIVACY POLICY](#), APPLICABLE LAWS OR PURSUANT TO OUR ADMINISTRATIVE AGREEMENT WITH THE PROVINCE OF ONTARIO. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com

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SECTION B

To be completed by Regulated and Licenced Healthcare Professional

Title and Full Name:	
Full Mailing Address:	
Email:	Phone Number:
Professional credentials and licence(s) number:	
Are you licensed to diagnose the disability in question? Yes No	
Provide a brief description of your professional qualifications, including area(s) of practice and any specialties which qualify you to provide this recommendation for accommodation:	
List your experience assessing or recommending accommodations with respect to exam-takers:	
Explain how the suggested accommodation will address the functional limitations and difficulty or barrier that the individual is experiencing.	



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SECTION B CONTINUED

Where additional exam time is being requested or recommended for an accommodation, provide:
(a) the precise amount of additional time requested in percentage form (e.g. 25% additional time” (a request for unlimited time will not be granted); and

(b) a measurable basis for how you arrived at the specific amount of extra time recommended. The measurable basis will typically include most of the following:

- Details concerning relevant tasks that the applicant can be expected to perform less quickly or not at all (for example, physically manipulating study materials, marking an answer sheet, reading the exam or reference materials, etc.), and
- Quantifiable information concerning the applicant’s performance on those relevant tasks (i.e., how much less quickly the applicant can perform them).

I understand that by signing this accommodation form, I attest to the truthfulness and accuracy of all information provided.

Healthcare Professional’s Signature: _____ **Date:** _____

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SECTION C

To be completed by the applicant to ensure their application form includes the necessary documentation.

Supporting Documentation Checklist:

- Section A completed and signed by the applicant.
- Section B completed and signed by a regulated and licensed healthcare professional if requesting an accommodation that would extend the exam for more than 3 hours, or a private room, including a reader.
A healthcare professional is someone who is qualified to assess and diagnose the health or disability needs, has met specific educational and training requirements and has obtained a license from a regulatory body or board in their jurisdiction to practice legally. Examples are a licensed physician, educational psychologist, psychologist, clinical psychologist, or physiotherapist.
- Optional: Information Regarding a Previous Accommodation – If available, a copy of previously granted relevant accommodation(s) by a university or other academic program or examination body that supports the accommodation request, for example, the amount of extra time required. **Note** - any prior accommodation an applicant has received is not a guarantee that the same accommodation, or any accommodation, will be provided in respect of the ME Exam, as requests are individually assessed considering the specific format of the ME Exam and the conditions and requirements of ME competencies.

All supporting documentation must be submitted together electronically by email to masters.exam@electricalsafety.on.ca and should be provided by the exam applicant, not a third-party.

Confidential Information and Retention of Documents

By submitting the Accommodation Request Form, you acknowledge that the accommodation process may involve the disclosure of private, sensitive, and personal information, including personal health information to ESA. ESA maintains information and records related to requests for accommodation in a secure manner, in accordance with [ESA's Access and Privacy Code](#). Information and documents disclosed to ESA pursuant to requests for accommodation for the Master Electrician Exam may be available to other ESA departments as needed to allow ESA to carry out its statutory and legal duties. No personal health information will be disclosed to third parties without the consent of the Applicant unless required by law or to implement any accommodation plan. ESA is not precluded from maintaining its normal operations for handling of information, which may include arrangements with third parties for the purpose of storage or otherwise managing information. You further acknowledge and consent that ESA will retain your personal health information for a maximum of one year following the passing of the Master Electrician Exam, after which the information will be securely destroyed. If you fail to pass the Master Electrician Exam your Request for Accommodation will be kept for 2-years from the last exam attempt, after which the information will be securely destroyed and any future application to write the exam will require you to re-submit the Accommodation Request Form.