



ACCOMMODATION REQUEST FORM

Pursuant to the CBV Institute (the "Institute") Accommodation Policy for Registered Students and MQE Candidates (the "Policy"), any Applicant (as defined in the Policy) with a disability who wishes to request an academic accommodation must complete this Accommodation Request Form and comply with all timelines set out in the Policy.

This Accommodation Request Form will only be considered valid for a maximum of three (3) years after the date which the qualified health care provider signed this Form. The information provided on the Accommodation Request Form must relate to the current impact of the Applicant's disability on their ability to participate in the Program or complete the MQE. The Institute may request further information and/or supporting documentation to assess the Applicant's needs in order to provide appropriate academic accommodation, in accordance with the Policy.

All information and/or supporting documentation is required to be provided in English or French.

SECTION 1 – APPLICANT FORM

This Section must be completed entirely by the Applicant. If seeking ongoing academic accommodation which will impact multiple examinations, please indicate the next applicable examination in Section 1.2.

Section 1.1 – Applicant Information			
Full Name:		Student ID:	
Email Address:		Phone Number:	
List all professional designations currently held by the Applicant, or which the Applicant is currently attempting to achieve:			
Section 1.2 – Examination Information			
Exam:		Exam Date:	
Have you previously been granted an accommodation for an examination by the Institute?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify the year and exam:			

Have you previously been granted an accommodation for an examination by any university, college or secondary school? If so, please list all that apply.

Yes ☐ No ☐ If yes, specify the year, organization(s), and exam(s):

Have you previously been granted an accommodation for an examination by another accredited professional body? (i.e. CPA, CFA, etc.)

Yes ☐ No ☐ If yes, specify the year, professional body, and exam:

Have you previously been denied academic accommodation for an examination by the Institute or another accredited professional body?

Yes ☐ No ☐ If yes, specify the year, professional body, and exam:

Section 1.3 – Nature of Disability

What is the nature of your disability and/or impairment? Impairment refers to the specific ways in which a health condition affects the applicant's ability to perform examination-related tasks. Please provide sufficient information to allow the Institute to evaluate and determine appropriate accommodation based on the nature of the specific limitations and their impact on your participation in the Program or completing the MQE. You are not required to disclose your specific diagnosis, although you may choose to do so.

Section 1.5 – Applicant Declaration

The Institute is dedicated to protecting your privacy and personal information. The information requested on this form is collected, used, and disclosed in accordance with applicable federal and provincial laws and the Institute's Policy. This information will be shared and reviewed as necessary, including with the Institute's medical consultants, and as specified in the Policy, to determine eligibility for accommodations and to implement any approved accommodations.

I certify that the information provided in this form is accurate and complete. I hereby grant the Institute permission to use and disclose all pertinent details related to my accommodation request to relevant Institute individuals and its medical consultants, including, but not limited to:

- this Accommodation Request Form and any supporting documents;
- all relevant statements and documentation submitted by qualified/licensed professionals; and
- any additional documentation requested and received by the Institute

I authorize the regulated health care provider below to provide the information in this form and specifically as set out in Section 2 for the purpose of an accommodation request with the Institute. I understand that all the aforementioned information may be distributed and reviewed by the Institute's Director of Education or their delegate(s), including medical consultants, for the purpose of determining accommodations to be granted, if any. I understand that information necessary to facilitate the accommodation, including my name, exam, and the accommodation, will be provided to relevant staff.

I confirm that the health care provider completing Section 2 of this form has treated me in a professional setting prior to their completion of this form.

Date:

Signature:

SECTION 2 – MEDICAL PRACTITIONER FORM

This Section must be completed in its entirety by a regulated health care professional located in the student's country of residence. The regulated health care professional must be a professional who is licensed to provide a diagnosis or comprehensively assess and manage the disability or health condition in the course of providing health care services, and has knowledge of the Applicant's disability and the disability-related limitations or impairments linked to the Applicant's participation in the Program or ability to complete the MQE. For clarity, impairment refers to the specific ways in which a health condition affects the applicant's ability to perform examination-related tasks. The regulated health care provider is required to fill this Section out entirely; the Applicant is not to pre-populate this Section.

2.1 – Licensed Medical Practitioner's Information	
Professional's name:	
Name of regulatory body:	
Designation:	
License Number:	
Address:	
Phone Number:	
Please outline your qualifications and your professional relationship with the Applicant that enable you to recommend accommodations for them.	
2.2 – Nature of Disability	
(OPTIONAL) Diagnosis	
Description of condition:	
Did you diagnose the condition?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	

If you did not diagnose this condition, did you confirm this condition? (leave blank if answer above is yes)

Yes ☐

No ☐

If yes, when?

Please describe how long you have been following or treating the Applicant:

Please describe the nature of the disability and/or impairment:

Please explain how the Applicant is impacted by the disability and/or impairment:

Please provide the date of your last treatment or consultation with the Applicant:

What is the anticipated duration of the disability (i.e. less than one (1) year, more than one (1) year), or other).

2.3 – Functional Limitations

The examinations in the Program, including the Membership Qualification Exam (“MQE”) are time-limited examinations which consist of written case studies which test content covered during the course of the Program. The examinations are proctored online, which can be done at the Applicant’s location of choice, remotely. A requirement for successful completion of the Program and becoming a Chartered Business Valuator, consistent with the learning outcomes of the Program and the public interest, is the ability to complete the examinations and the MQE within the allotted time.

Accommodations will only be granted in accordance with the Policy, and in a manner which does not alter the Institute’s ability to assess whether the Applicant has demonstrated the required competencies to complete the Program.

Examination Context and Accommodations

The Program and MQE are **time-pressured, written examinations** designed to replicate real-world professional working conditions. A core requirement for successful completion of the Program and for admission as a Chartered Business Valuator is the ability to demonstrate competency within these time constraints. Accordingly, requests for **additional time** on these examinations are generally inconsistent with the Institute’s mandate to protect the public interest.

Any recommendation for an academic accommodation must therefore be provided with careful consideration. Please note that:

- All recommendations will be subject to **review by independent medical consultants** engaged by the Institute to assess the validity of the request, and the **Institute reserves the right to accept, modify, or deny any recommendation**.
- The Institute asks that you consider whether **timed rest breaks** may provide an equally effective accommodation for the Applicant’s disability, in lieu of extra time on the examination.
- Under the Institute’s Policy, **additional time is only granted in very exceptional circumstances**, and the total additional time permitted for any examination normally should not exceed **thirty (30) minutes**.

Accommodations will only be granted in accordance with the Institute’s Policy, and only where they do not alter the Institute’s ability to validly assess whether the Applicant has demonstrated the competencies required to complete the Program.

Please describe how the Applicant's disability and/or impairment affects their performance in online testing environments. Specifically, outline the functional limitations related to the Applicant's condition and explain how these limitations impact their ability to complete online, proctored examinations. General complaints or symptoms do not constitute evidence of functional limitations.

If applicable, please advise if the Applicant has been prescribed any medications or course of treatment that may mitigate or lessen the symptoms of their condition and if so, whether this has been taken into account in your assessment of the functional limitations anticipated in an online, proctored examination, including requests for additional time:

Based on your assessment of the Applicant's functional limitations in an online, proctored examination, please indicate the recommended accommodations for each functional limitation to reduce or mitigate the impact of the limitation on the Applicant's ability to complete the examination.

Please note that these recommendations should be based on your clinical assessment and opinion related to the Applicant's current functional limitations and the demands of an online, proctored examination, with considerations for the required competencies of the Program, including the ability to complete the examination in a timely manner. There is no guarantee that a recommended accommodation will be approved, and all recommendations will at all times be subject to evaluation and assessment by the Director of Education, or their delegate(s), including medical consultants.

2.4 – Certification	
I affirm that the information I have provided on this form and any attached documents is accurate and complete to the best of my knowledge. I confirm that I have personally completed this form. I confirm that I have no personal relationship with the Applicant, outside of any clinical relationship.	
Date:	Signature:

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