RIBO EXAM ACCOMMODATION REQUEST FORM

Please fill out the form and provide all necessary documentation to **exams@ibao.on.ca**. **Requests must be received no later than 3 weeks before the exam date.**

Your accommodation request and all supporting documents will be reviewed jointly with RIBO. Once your request is reviewed and a decision is made, you will be notified via email.

Applicant Full Legal Name: _____

IBAO ID (if applicable): _____

Email: _____ Phone Number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Select the RIBO exam for which you require accommodation:

- ☐ RIBO Level 1 Acting Under Supervision
- ☐ RIBO Level 3 Management
- ☐ RIBO Level 3 Accelerated Management
- ☐ RIBO Equivalency RIB Act
- ☐ RIBO Equivalency Ontario Auto

Exam Date: _____

Reason for Accommodation (Explain in detail):

_____

_____

_____

List the Requested Accommodation Needs:

_____

_____

_____

If your reason is medical, please submit a detailed letter or report on official letterhead from a treating medical professional who is qualified to evaluate your functional limitations and associated accommodation needs. Medical letters, reports and assessments must be dated within the past three years. The report should include:

- a description of your functional limitations and associated accommodation needs as relating to the context of the exam(s); and
- specific recommendations for test accommodations, including the use of any assistive devices or equipment required, with an explanation of why they are needed and appropriate.

Applicant Declaration:

I, _____, confirm that the above information is true and correct.

Date: _____