REGISTRATIONS OPERATIONAL POLICY

Accommodations for Completing the Jurisprudence Exam

Introduction

The Nova Scotia College of Pharmacists (NSCP) is committed to identifying, preventing, and eliminating barriers in its policies and services so that applicants and registrants with disabilities have equal opportunities to license as a pharmacy practitioner in Nova Scotia. Accommodations provide fair opportunity to applicants and registrants so that they can demonstrate their skills, knowledge, and abilities in a way that is equitable and inclusive and respects their dignity and independence. The NSCP is committed to supporting a truly inclusive and diverse pharmacy profession. However, the accommodation process is a collaborative process which requires the cooperation and active participation of both parties. The NSCP has a responsibility to support valid accommodation requests when appropriate and the applicant has a responsibility to assist in the provision of reasonable documentation to support the request and in identifying appropriate accommodations that support the continued integrity and validity of the testing process.

Purpose

The purpose of this policy is to outline the process for applicants and registrants seeking accommodations for a disability or impairment when completing the required jurisprudence exam. Accommodations will be provided to applicants and registrants in accordance with applicable laws and policies including the Pharmacy Act, Accessibility Act and Human Rights Act.

Requesting an Accommodation

- Accommodation requests must be submitted sufficiently in advance of any deadline for application to write the exam to allow for consideration, approval, and arrangement of the accommodation (if approved).
- Applicants who seek accommodation must complete and submit the Request for Accommodation Request Form (Appendix A). The request must outline the following:
  - the specific accommodation being requested;
  - a description of any accommodations received in the past and a list of test providers; and
  - an explanation of the functional impact of the disability or impairment with respect to fulfilling
registration requirements.

• Where appropriate, the NSCP may require the request to be accompanied with documentation from a licensed healthcare professional who has specific training, expertise, and experience in the diagnosis of the condition(s) for which the accommodation is being requested (Appendix B). If required, the licensed healthcare professional must provide the applicant with a signed statement that includes the:
  — name of medical professional, title, office address and phone number, and
  — the recommended accommodation.

• The NSCP may accept supporting accommodation documents from current Dalhousie University students, provided that the documents are received directly from the university.

• After receiving the requested information, the accommodation process and determining what is the appropriate accommodation must be a cooperative process between the NSCP and the applicant, with the applicant being an active participant in providing information required and working cooperatively with the NSPC to identify an accommodation which meets the functional needs of the applicant while preserving the integrity and validity of the testing process.

• The decision to deny or approve accommodation will be made by the NSCP on a case-by-case basis and communicated to the applicant in writing.

• Accommodation process requires good faith and reasonable cooperation and provision of information on the behalf of the application.

• Lack of cooperation and participation by the applicant through this process may be to deny the request.

• An applicant or registrant who is found to have falsified medical records, misrepresented a medical condition, and/or concealed of a material of fact may be denied registration and licensure.

• The NSCP is not required to provide the applicant or registrant with their preferred type of accommodation. If the request cannot be accommodated, the NSCP will work with the applicant or registrant to determine a reasonable accommodation that enables an equitable approach for the applicant or registrant to meet the requirement. The applicant must be a cooperative partner in this process.

• Applications for accommodation may be denied if they create undue burden on NSCP or compromises the integrity or validity of the testing process.

• If the applicant or registrant and the NSCP cannot agree on an appropriate accommodation, the applicant may appeal this decision to the Registrations Appeal Committee pursuant to the NSCP Application Appeal Policy and s. 52 to 54 of the Pharmacy Act.

• All information submitted by an applicant or registrant related to their request for accommodation is protected under the Pharmacy Act, Accessibility Act and Human Rights Act and will not be used, shared, or distributed by the NSCP to any third party without prior written consent of the applicant.

• All information and documentation obtained in the course of the accommodation request can be used internally by the NSCP for any of its regulatory functions. The information and documentation will become part of the applicant’s registration file.
Appendix A - Request for Accommodation Application Form

Applicants requesting accommodation are to complete this request form and submit to the NSCP with all required documents as outlined in the NSCP Registrations Operational Policy: Accommodation for Completing the Jurisprudence Exam

To be completed by the applicant

Name: ___________________________________________________________________________________________________________________

Address: ________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Contact Number: _______________________________________

Contact E-mail: _______________________________________

NSCP Registration Number (if applicable): ___________________________________________________

Details of accommodation being requested

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

If you have previously been provided with any accommodations, please list the test provider(s) and describe the accommodations you received.

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<tr>
<th>Test Provider</th>
<th>Accommodation Received</th>
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Certification

I ____________________________ certify the accuracy of the information provided and I understand that the NSCP will use the information obtained through this application process to determine eligibility for a reasonable accommodation to complete the required jurisprudence exam. The NSCP reserves the right to require additional information or documentation to
support this request for accommodation. The NSCP will not release any information obtained to any person or organization without my prior consent. I declare that the foregoing statements and those in any accompanying documents or statement are true and I understand that false information may be cause for denial of the requested accommodation.

Signature: _______________________________     Date: _______________________________

I provide authorization for the NSCP to contact my health care provider to obtain additional information relevant to the accommodation required, if necessary.

Signature: _______________________________     Date: _______________________________
Appendix B - Request for Accommodation Application Form

To be completed by the health practitioner.

Name of Applicant: ________________________________________________________________

Applicant’s NSCP Registration Number (if applicable): ________________________________

Name of Health Practitioner: _____________________________________________________

Professional Title: ______________________________________________________________

Licence Number: _________________________________________________________________

Office Address: __________________________________________________________________

________________________________________________________________________________

Telephone: __________________________ Email: _________________________________

Is the Applicant current under your care for the situation causing the requirement for an accommodation: Yes/No.

If No, please identify why the accommodation is required.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please provide a written statement explaining the recommended accommodation:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Certification

I hereby certify that the information that I provided above is true and correct and that I have been authorized to provide this information by my patient who is the applicant. I further certify that I have the necessary specialized training to make the relevant diagnosis, that I personally examined the applicant named herein, and that I used my professional judgment to render the diagnosis and assess the accommodation request. I acknowledge that the Nova Scotia College of Pharmacists may contact me, pursuant to the candidate’s permission to obtain further information if necessary.

Practitioner’s Signature: ______________________________ Date: ______________________________