



**A P E G G S**

Association of Professional Engineers  
& Geoscientists of Saskatchewan

300 4581 Parliament Avenue, Regina, Saskatchewan S4W 0G3

T (306) 525 9547 F (306) 525 0851 Toll Free: 1 800 500 9547

www.apegs.ca apeggs@apegs.ca

**APPLICATION TO WRITE THE PROFESSIONAL PRACTICE EXAMINATION WITH SPECIAL ACCOMMODATIONS**

**Please read the information on the website before completing this form. Type or print legibly.**

You may submit the completed form by email to apeggs@apegs.ca , mail or fax to 306-525-0851.

**NOTE:** *This completed form must accompany your application to write the Professional Practice Exam.*

**Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

\_\_\_\_\_ I have attached proof of my post-secondary educational institution's approval of my need for special accommodations during exam writing. **NOTE:** *this is the preferred option.*

**OR**

Complete the following questionnaire in consultation with your medical professional and return it to the APEGGS office with your application to write the Professional Practice Exam. All requests for special accommodations will be considered by APEGGS on a case-by-case basis. You will be informed of APEGGS' decision at least 4 weeks prior to the next formal sitting of the Professional Practice Exam.

**Applicant Authorization for Release of Information**

I authorize the release of the information on this form to the Association of Professional Engineers & Geoscientists of Saskatchewan (APEGGS) and for APEGGS to contact the practitioner who has completed this form.

Student Signature	Date
Witness Signature	Witness Printed Name

Please note: your diagnosis will not be shared with anyone outside of APEGGS unless required to do so by law.

**APPLICANT DECLARATION OF LIMITATIONS & RESTRICTIONS (to be completed by the above named applicant):** Describe any restrictions or barriers you experience in your ability to perform daily activities, particularly related to writing exams.

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**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER.**

Applicant's Name: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_

**MEDICAL ASSESSMENT FORM**  
Forms containing incomplete information will not be assessed.

**Disability Information (to be completed by a qualified professional licensed to diagnose)**

Diagnosis:		Diagnosis Date (dd/mm/yy)	
Status:	<input type="checkbox"/> <b>Permanent Disability</b> Continuous presentation creating limitation OR Episodic presentation	<input type="checkbox"/> <b>Temporary disability, illness or injury. Please indicate the expected duration of the disability, from the date of diagnosis.</b>	
How long have you been treating this patient?		Is the patient currently under your care?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Licensed Health Care Professional Information**

Last Name	First Name	Telephone	Email
Street Address	City/Town	Province	Postal Code
Professional Stamp		<b>Professional Designation of Certified Assessor (Circle One):</b> Physician Ophthalmologist/Optom Neurologist trist Audiologist Psychologist Neuropsychologist Psychiatrist Other (please specify):	
Signature:		License Number	Date

**Functional Assessment**

Disability-related functional assessment on ability to write exams

Functional Area	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Concentration					
Memory					
Attention					
Stress Management					
Organization					
Social Interaction					
Sleeping					
Self-Care					
Writing/Note taking					
Testing situations					
Other:					

**Exam Accommodations:**

Please describe the special accommodations that the candidate requires to write the exam:

Applicant's Name: \_\_\_\_\_  
Registration No.: \_\_\_\_\_

**Is the applicant capable of sustaining typical exam writing-related stress with appropriate supports in their current condition?**

- Yes
- No

If NO, please provide further explanation:

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**Please contact the APEGS office should you have questions or concerns:**

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#300, 4581 Parliament Avenue  
Regina, SK S4W 0G3

Phone: 306-525-9547  
Toll Free: 1-800-500-9547  
Email: [apegs@apegs.ca](mailto:apegs@apegs.ca)