



**A P E G S**

*Association of Professional Engineers  
& Geoscientists of Saskatchewan*

**Regulating the  
professions.  
Protecting the  
public.**

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## **Application for Special Accommodations for the National Professional Practice Examination**

**Please read the information on the website before completing this form. Type or print legibly.**  
You may submit the completed form by email to [professional-practice-exam@apegs.ca](mailto:professional-practice-exam@apegs.ca)

Complete page 2 of this form in consultation with your medical professional and return it to APEG S with your application to write the National Professional Practice Exam (NPPE). All requests for special accommodations will be considered by APEG S on a case-by-case basis.

**Name of Candidate:**

**Registration Number:**

### **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 (APEG S).
- I declare that the information provided by my medical practitioner is true and accurate.
- I understand that providing false or misleading information would be a breach of the Good Character Guideline and would therefore have consequences aligned with APEG S regulatory responsibilities and existing standards for professional conduct.
- I understand that a breach of exam conduct standards may also be reported to other Canadian engineering/geoscience regulators in accordance with inter-provincial information-sharing protocols.

Candidate Signature:

Date:

Please note: Your medical information will not be shared with anyone outside of APEG S unless required to do so by law.

#### **\*Notes:**

- Granted accommodations are valid for sessions held in the same calendar year only. Candidates must submit a new request for any exam sessions for subsequent years.
- Approved special accommodation requests will be conveyed to candidates 1 – 2 weeks prior to the exam date by email from Measure Learning.

**Forms containing incomplete information will not be assessed.**

## MEDICAL ASSESSMENT

THIS SECTION MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

**Name of Candidate:**

**Registration No:**

Last Name	First Name	
Address:		
Telephone	Email	
Provide details explaining why testing accommodation(s) are needed for a computer-based exam based on the disability:		
Please describe the special accommodation(s) that the candidate requires to write the exam:		
Stamp and Signature:	License Number:	Date:

Please contact the APEGS office should you have questions or concerns.