



SUPPORTING DOCUMENTATION CHECKLIST

| Nature of Impairment(s) | Required Documents | Healthcare Provider |
|--|--|--|
| <input type="checkbox"/> Learning, Intellectual, and Behavioural Impairments | <input type="checkbox"/> A complete psychoeducational or neuropsychological assessment report conducted at 18 years of age or older and within 5 years of the exam date OR <input type="checkbox"/> A documentation update/re-assessment ¹ that includes tests and scales demonstrating your current limitations and needs if the original assessment was conducted before 18 years of age or more than 5 years of the exam date OR <input type="checkbox"/> A Clinical Assessment and Testing Accommodations Recommendations form and a complete psychoeducational or neuropsychological assessment report conducted before 18 years of age or more than 5 years of the exam date | <input type="checkbox"/> Family physician <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech and Language Therapist |
| <input type="checkbox"/> Neurological Impairments <input type="checkbox"/> Physical or Sensory Impairments <input type="checkbox"/> Other Medical Conditions | <input type="checkbox"/> A Clinical Assessment and Testing Accommodations Recommendations form based on an assessment conducted within 3 months of the exam date | <input type="checkbox"/> Audiologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Family physician <input type="checkbox"/> Neurologist <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Psychiatric Disorders | <input type="checkbox"/> A Clinical Assessment and Testing Accommodations Recommendations form based on an assessment conducted within 12 months of the exam date OR <input type="checkbox"/> A psychological assessment report conducted within 12 months of the exam date that includes tests and scales administered that illustrate the candidate's present limitations and needs. Evidence regarding current limitations and needs can include but should not exclusively consist of candidate self-reports (the report should include observational data, treatment/management information, etc.). | <input type="checkbox"/> Family physician <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist |

¹ A documentation update is a brief report that may be a shorter version of a full psychoeducational/neuropsychological assessment. It **must** include a summary of the candidate's condition history, a retesting of relevant and age-appropriate scales, a discussion on any new factors or progression of the condition in recent years, a statement regarding the current severity of the candidate's impairments and functional limitations and how these may be mitigated by Testing Accommodations in the PCE.