

# Healthcare Provider Form



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Canadian Alliance  
of Physiotherapy  
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## Information for the Healthcare Provider

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The Canadian Alliance of Physiotherapy Regulators (CAPR) is the national assessment agency for the physiotherapy profession in Canada.

CAPR administers the Physiotherapy Competency Examination (PCE) – Written Component, a high-stakes, standardized national exam that assesses a candidate's readiness for safe, effective, and independent physiotherapy practice. The Written Component is a **four-hour, computer-based, multiple-choice exam** that is delivered in test centres across the country and through remote proctoring.

### Testing Accommodations (TA) for the PCE

CAPR respects the independence and dignity of all candidates. CAPR is committed to complying with provincial and territorial human rights codes.

CAPR will evaluate every request for TA on an individual basis in keeping with its obligations under human rights codes. CAPR will arrange reasonable and appropriate TA for candidates who have evidenced needs, within the limit of undue hardship<sup>1</sup>. TA enable candidates to demonstrate their competence by altering the exam environment to compensate for documented limitations. TA do not guarantee success on the exam; rather, they ensure that all candidates are given a fair and equitable chance to succeed.

**CAPR does not lower the passing standard or modify the content of the PCE in any way.**

In reviewing TA requests, CAPR must balance the rights of the individual examination candidate with its mandate to protect the public interest through a fair, secure, valid, and reliable exam.

CAPR requires documentation from appropriate healthcare providers to verify a candidate's current level of impairment and functional limitation, and to inform decisions on TA. **As a healthcare provider, you help ensure that no candidate is inappropriately disadvantaged or advantaged in this process.** We request that healthcare providers be thorough in their evaluations, and base recommendations on objective information.

For guidance regarding this process, please contact [exams@alliancept.org](mailto:exams@alliancept.org). Information can also be found on CAPR's Testing Accommodations webpage.

<sup>1</sup> In the context of the PCE, this relates to factors such as significant costs, staffing limitations, exam site or platform restrictions, and risks to exam integrity, among others.



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Please ensure that the items below are addressed in your assessment and in the completion of this form.

1. The TA request **must be supported by a comprehensive assessment** conducted by a regulated healthcare provider who is extensively familiar with the candidate's condition and management history, and who has the legislative authority to administer the appropriate tests or evaluations.
2. The assessment must be recent enough to reflect the candidate's **CURRENT** impairments and functional limitations. CAPR will not review TA requests based on outdated assessments.
3. The assessment must include but **should not exclusively consist of** subjective information and/or self-reported scales.
4. This form must include information on the tests or evaluations that were used to confirm the **existence and extent** of the candidate's impairments and functional limitations. Objective measures selected must be **reliable, valid, and age-appropriate**.
5. This form must include an **analysis of the impacts** of the impairments and functional limitations specific to taking the Written Component, and explicitly acknowledge that alternative explanations (i.e., differential diagnoses and other motivational factors) were considered and ruled out.
6. This form must include **specific recommendations for TA** that are aligned with the established impairments and functional limitations.
7. This form must include a **strong rationale for each recommended TA**.
  - a. Each impairment and functional limitation must be related to the analysis of one or more subjective or objective evaluation(s), and each recommendation must be related to one or more impairment(s) and functional limitation(s).
  - b. The necessity of extended testing time (that exceeds 50% or two hours) of the standard testing time must be specifically addressed by the evaluating healthcare provider.

If the items above are not adequately addressed, the candidate may be asked to submit additional documentation (resulting in a delay of their request), or their request may be denied.

<sup>1</sup> In the context of the PCE, this relates to factors such as significant costs, staffing limitations, exam site or platform restrictions, and risks to exam integrity, among others.



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## THIS FORM MUST BE COMPLETED BY A HEALTHCARE PROVIDER

**ALL FIELDS ARE REQUIRED.** CAPR will return incomplete forms to the healthcare provider. Incomplete documentation will delay the review of the TA request and will impact the candidate's exam registration timeline.

Please type or print clearly.

### PART 1: Healthcare Provider Information

Full Name: \_\_\_\_\_ License #: \_\_\_\_\_

Profession: \_\_\_\_\_ Regulatory Body: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PART 2: Candidate Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Clinical Assessment: \_\_\_\_\_

### PART 3: Clinical Assessment Summary

Provide a summary of your most recent assessment of the candidate. Healthcare providers are not required to disclose the candidate's diagnosis; however, details about the functional impact(s) of the candidate's impairment(s) are required.

### SUBJECTIVE FINDINGS

Provide a summary of relevant subjective information, including, but not limited to the **onset, history, and self-reported symptoms.**

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## OBJECTIVE FINDINGS

Provide a summary of relevant objective information, including, but not limited to **observed clinical signs (including observation of behaviour during testing), a list of administered tests, and results**. Summarize the **methods used** to confirm the diagnosis/condition and the severity/extent of functional limitation(s).

## IMPAIRMENT(S)

Provide a description of the candidate's impairments related to their diagnosis as per the ICD-11 or DSM-5.

## FUNCTIONAL LIMITATION(S)

Provide a description of the candidate's functional (include personal and academic) limitations.

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## MANAGEMENT/TREATMENT

Provide a history of management (including response to interventions) and ongoing treatment of the candidate's documented impairment(s) and functional limitation(s).

## IMPACT ON TAKING A HIGH-STAKES EXAMINATION

Provide details on the potential implications of the candidate's documented impairment(s) and functional limitation(s) in the context of taking a **four-hour, computer-based, multiple-choice examination**.

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## PART 4: Recommended Testing Accommodations

Based on the information provided in Part 3 of this form, provide recommendations on TA, and a **detailed rationale** for each.

### 4.A. ENVIRONMENTAL MODIFICATIONS

List in the boxes below any **assistance, items, equipment, exam room adjustments, and software adjustments** that the candidate will require for the exam. **Do not include time-related TA in this section.**

Recommended Testing Accommodation	Rationale

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## 4.B. EXAM TIME MODIFICATIONS

### Off-the-clock Break Time

Off-the-clock break time stops the exam timer. During this time, candidates will not have access to exam content. This time can be used to perform coping strategies, to take screen rests or mobility breaks or medications, to consume food and drink, etc.

**Total amount of time  
(in hours and/or minutes):**

**Rationale**

### Additional Testing Time

During this time, candidates will have access to exam content and can only use this time to read and answer questions.

**Total amount of time  
(in hours and/or minutes):**

**Rationale**

**\*If recommending more than 2 hours of additional testing time, please ensure that your rationale includes information as to why 2 hours is insufficient to address the candidate's needs.**

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## PART 5: DECLARATION

On the basis of the most recent evaluation of the candidate (date stated above), I am providing this information for use by CAPR in determining an appropriate Testing Accommodations Plan for the PCE - Written Component.

I understand CAPR and the PCE's crucial role in protecting the public and understand that the intention of Testing Accommodations is to ensure fairness and equity, and not a particular candidate's successful completion of the exam.

I confirm that, to the best of my knowledge, all information disclosed in this form is true and accurate. I understand that in this process, CAPR may contact me to clarify or obtain further information regarding the candidate's Testing Accommodations needs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_