

Special Accommodations Application Form

Please print clearly.

Last Name	First Name	Dr./Mr./Ms./Mrs	Member/Application #
Mailing Address		Please check one <input type="checkbox"/> Business <input type="checkbox"/> Residential	Applications must be submitted prior to the examination registration deadline).
E-Mail Address:			
Phone Number: ()			
Examination (NPPE) <input type="checkbox"/> _____			Please submit this form and the accompanying documentation via regular mail, or e-mail to registrar@geoscientistsns.ca
Date and Location of Examination <input type="checkbox"/> Date: _____ <input type="checkbox"/> Location: _____			
Nature of Disability _____ _____ _____ _____			Requested accommodations are subject to approval by APGNS. You will receive confirmation in writing indicating whether your accommodations have been granted.
Accommodations Requested for the Examination (select all that apply): <input type="checkbox"/> Extended testing time (specify time need) <input type="checkbox"/> Extra break(s) <input type="checkbox"/> Larger font exam <input type="checkbox"/> Reduced-distraction testing room <input type="checkbox"/> Other (please specify) _____ _____ _____			Any information submitted regarding your disability is confidential and will not be shared with any outside party other than APEGA.
Comments: 			
Date: _____ Signature: _____			