

FRAMEWORK FOR ACCOMMODATION MEASURES THAT MAY BE PROVIDED TO A CANDIDATE TO AN OACIQ CERTIFICATION EXAMINATION

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PREAMBLE

The purpose of this Framework for accommodation measures that may be provided to a candidate to a certification examination of the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ) is to give the Organization the tools it needs to ensure a fair and equitable handling of requests for accommodation submitted by candidates to mandatory certification examinations.

PRINCIPLES

The Framework is based on the provisions of the Québec *Charter of human rights and freedoms*,¹ which stipulates that every person has a right to exercise his human rights and freedoms, without distinction based on a discriminatory criteria such as race, sex, or handicap, to name only a few.

Therefore, the OACIQ, to the extent of the resources at its disposal, wishes to implement accommodation measures adapted to the needs of applicants who submit a request, in order to give all candidates an equal chance of success.

MEASURES

The accommodation measures that may be provided by the OACIQ include access to semi-private rooms where a candidate can be isolated during a certification examination, and the granting of extra time to complete the examination.

The OACIQ may propose measures that are different from those requested by the applicant, based on the candidate's limitations and the resources at the Organization's disposal.

RESPONSIBILITIES OF THE CANDIDATE

A candidate who wishes to take advantage of accommodation measures is responsible for informing the OACIQ of his situation and needs by submitting a duly completed Request for Accommodation form **no later than the registration deadline for a certification examination**, except under exceptional circumstances.

The form is attached to this document.

To have his request reviewed, the candidate may submit a form other than the Request for Accommodation form provided by the OACIQ, as long as this form contains the information required by the OACIQ as a minimum. Notwithstanding the above, the OACIQ reserves the right to require that a candidate to a certification examination complete the Organization's own Request for Accommodation form.

The candidate must also act in good faith and be proactive in his search for solutions, in order to facilitate the reaching of a compromise.

¹ *Charter of human rights and freedoms*, CQLR, c. C-12



RESPONSIBILITIES OF THE OACIQ

The OACIQ is responsible for receiving and reviewing requests for accommodation, making the appropriate decision based on the details of each case, and informing the candidate of its decision.

In addition, the OACIQ is responsible for executing and following up on the accommodation measures granted, where applicable.

REVIEW OF THE REQUEST

The candidate's request is forwarded to the OACIQ Continuing Education Department, which is responsible for reviewing requests for accommodation.

The Department may, as part of this review, consult with the management of other OACIQ departments in order to ensure a fair and equitable application of this Framework. The Department will evaluate the needs of the candidate requesting accommodation measures and will ensure, on the one hand, that the candidate's limitations justify the use of an accommodation measure and, on the other hand, that the OACIQ is able to provide such measure.

To do so, the Continuing Education Department may:

- require a new medical report if the one submitted by the candidate dates back more than five years;
- require a new evaluation of the candidate if his situation evolves between the submission of the request for accommodation and the evaluation;
- require a medical report from a medical specialist or a specialist recognized by the Department where a precise diagnosis is needed.

Following its review, the Continuing Education Department will inform the candidate in writing, as soon as possible following the submission of the candidate's request for accommodation, of the measures proposed or of the refusal to grant the measures requested.

In the event that a refusal or an amendment to the request results in the postponement of the candidate's mandatory certification examination, the OACIQ will not charge the candidate for the postponement fees that would otherwise apply.

EFFECTIVE DATE

This framework shall come into effect on September 1, 2017.



REQUEST FOR ACCOMMODATION OACIQ Certification Examination

IMPORTANT

NOTE – The cost of completing this request is at the applicant's expense.

Applicable rules

A candidate who wishes to take advantage of accommodation measures is responsible for informing the OACIQ of his situation and needs by submitting a duly completed Request for Accommodation form (no later than the registration deadline for a certification examination, except under exceptional circumstances), to any of the **contact details indicated on page 3** of this form.

To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to examen@oaciq.com, otherwise your application will not be processed.

SECTION I – IDENTIFICATION OF APPLICANT

Mr. Mrs.

Date of birth:

		DAY			MONTH			YEAR							

Name:

LAST NAME	FIRST NAME

Address:

NUMBER	STREET	APARTMENT
MUNICIPALITY	PROVINCE	POSTAL CODE

File Number:

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SECTION II – CONSENT, DECLARATION AND SIGNATURE

I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application for accommodation measures as part the OACIQ certification exam.
- Contacting third parties (professionals or others) for more information about your application.
- Processing of your application for the OACIQ certification exam.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members whose duties so require.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

Right of access and correction

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

Consequences of refusal

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use, or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.
I consent to the collection, use and disclosure of my personal information by the OACIQ.

This authorization is valid for a period of one year from the signature date.

Authorization

I authorize the OACIQ to contact the third parties mentioned in Section III for additional personal information about me in connection with this application. I authorize the third parties mentioned in Section III or in the detailed medical report to provide the OACIQ with personal information about me in connection with this application (e.g. details regarding the suggested accommodations or explanations concerning the functional limitations related to my activities).

I DECLARE that all the information contained in this form is accurate. **I undertake to notify the OACIQ immediately of any change to this information.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR		

**Please sign the form AFTER
completing ALL the sections.**

SECTION III – IDENTIFICATION OF THE AUTHORIZED PROFESSIONAL (to be completed by the professional in capital letters)

Mr. Mrs.

Licence No.:

Name:

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME

Occupation:

<input type="text"/>

If you are a doctor: a general practitioner or a specialist, specify the specialty: _____

Business address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER	STREET	APT. / SUITE / SPACE

<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	POSTAL CODE

<input type="text"/>	<input type="text"/>
AREA CODE	EXTENSION

TELEPHONE NO.

Email address: _____

SECTION IV – DECLARATION BY ATTENDING PHYSICIAN OR RECOGNIZED SPECIALIST

ACCOMMODATION MEASURE SUGGESTED

Granting of additional time to complete the examination (specify time required) _____

Access to semi-private examination room

Other (please specify)

SECTION IV – DECLARATION BY ATTENDING PHYSICIAN OR RECOGNIZED SPECIALIST (continued)

ADDITIONAL INFORMATION, IF APPLICABLE

X

SIGNATURE OF ATTENDING PHYSICIAN OR RECOGNIZED SPECIALIST

Date:

DAY			MONTH			YEAR			

Licence No.:

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PLEASE SEND YOUR DOCUMENTS
to the Education Department by email at EXAMEN@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec
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