



RPNAS

REGISTERED PSYCHIATRIC NURSES
ASSOCIATION OF SASKATCHEWAN

Application Information Package

Applicants requiring Testing Accommodations

Information to guide psychiatric nursing graduates when requesting testing Accommodations to write the national exam – Registered Psychiatric Nurses of Canada Examination (RPNCE) – in Saskatchewan.

Effective October 2022

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General Instructions for Exam Candidates requesting testing Accommodation

This application package is for you if you are applying for eligibility to write the RPNCE and require testing Accommodation(s).

Our primary mode of communication with applicants is by email. Please provide a valid email address on your application form and check your email (including your spam and junk folder) on a regular basis.

Assessment for eligibility to write the RPNCE requires RPNAS to open a file for you to begin your application process. **We do not keep any documentation received before an application file has been opened.**

To be eligible to write the RPNCE with Accommodations, you must submit the following requirements:

- Online Application Form
- Non-refundable Application Fee
- Proof of identification
- Request for Testing Accommodations – RPNCE – Candidate Application Form***
- Request for Testing Accommodations – RPNCE – Documentation of Disability-related Needs Form***
- Confirmation of Testing Accommodations – RPNCE – Psychiatric Nursing Education Program***

Should your request for accommodation not be approved, next steps for writing the RPNCE will be provided for you.



Expectations

Please refer to the information below and the forms attached at the end of this package.

Process and Timelines

The process toward exam eligibility can range from being relatively short to being much longer. The time required to complete your file depends how quickly your documents arrive at RPNAS. RPNAS encourages exam candidates to make arrangements with health professionals and representatives of psychiatric nursing programs to complete documents early in the application process.

Submitting Original Documents

Certain documents must be submitted directly to RPNAS from their sources. This Application Package shows which documents must be sent from the original source – health professionals and nursing education program. Forms are attached at the end of this package.

We will not accept documents if there is evidence that they were in your possession or someone acting on your behalf, like a friend or family member. **If we suspect this has happened, your documents must be resubmitted.** This will increase the time it takes to complete your file and may cost more money to complete your file.

Updating Your Documents

Throughout the process toward RPN registration, there are times when all documents must be current and valid. It is your responsibility to know the expiry dates on your documents and to ensure they have been updated at the appropriate times. For example, an approved testing accommodation is only valid for the specific examination session to which the candidate has applied. A new request for an accommodation is required for any subsequent exam sittings, should the exam need to be rewritten. The RPNAS Executive Director/Registrar may request updated other supplemental documents from health professionals for any subsequent exam sittings, should the exam need to be rewritten.

If you have an open file and have questions about expiry dates, please contact:

Registration Services

1.306.586-4617

info@rpnas.com

www.rpnas.com



Eligibility for an Accommodation

Examples of accommodation include:

- additional time
- a separate room

If you are considering making a request for accommodation, you should be aware that:

- Your request for accommodation must be based on a professionally recognized diagnosis of a disability, impairment, condition or disorder (or any other ground listed in the *Canadian Charter of Rights and Freedoms* or the *Saskatchewan Human Rights Code*).
- The reason you are asking for accommodation must be something that would have a clear impact on your ability to write the exam. In other words, you have to show how your condition/disability/disorder would interfere with your ability to write the exam, and how the form of accommodation that you are requesting would address that.
- The reason you are asking for accommodation must be current. For example, RPNAS will not grant your request if you cite a childhood condition that you no longer suffer from.
- You must submit an Exam Accommodation Request **each time** you attempt the exam.
- You may have to submit updated other supplemental documents from health professionals as requested by the RPNAS Executive Director/Registrar.

Your request for accommodation must ensure the integrity of the examination remains intact.

Requesting an Accommodation

For RPNAS to have enough time to review your request for accommodation, please request your accommodation when you apply to RPNAS by selecting the Accommodation Request option in the online application. Submit requests for accommodation and supporting documents to RPNAS **ten to twelve weeks** in advance of the exam date.



To submit a request, send the following to RPNAS:

- a completed ***Request for Accommodation – Candidate Application***. Your request must identify the nature of your condition, disability or impairment and the specific accommodations requested for the exam.
- supporting information from a health professional (such as a family doctor or psychologist) attesting to the nature and current status of your disability/disorder/condition on the ***Request for Testing Accommodations -Documentation of Disability Needs Assessment form***.

Physicians and psychologists are considered to be qualified health professionals for this purpose. A professional who provides documentation must provide his or her complete name, professional designation and contact information.

Supporting documentation must include a description of your condition, disability, impairment, a specific diagnosis, and a description of your functional limitations due to the stated disability, condition of impairment. It should include specific recommendations and rationale for the testing accommodation. If the report is more than two (2) years old, the health professional must provide written confirmation regarding the current status of the disability, condition or impairment.

- if you were previously provided accommodations in your psychiatric nursing education program, you must make arrangements for the designated person in the psychiatric nursing program to complete the ***Confirmation of Accommodations – Psychiatric Nursing Program form***.

If the accommodation is approved, you may be required to write the exam in a testing location other than your preferred choice.

Fees

There is no fee for making a request for exam accommodation. However, you may be responsible for costs associated with making your request (e.g., assessment fees charged by health professionals, or other costs involved in obtaining your supporting documentation).



RPNAS Assessment File Review

Applications will be assessed within 5-10 business days from the date you submit all documentation.

If there are any inconsistencies in any of the information you provide during the application process, RPNAS reserves the right to require additional supporting documentation, which may be over and above the items outlined above.

Should RPNAS have additional questions you will receive an email outlining questions or requests for outstanding documentation.

Applications are subject to bylaw and policy change.

The information requested below and any documentation regarding your disability and need for accommodation in taking the registration examination will be treated confidentially and will not be shared with any outside source without your expressed written permission.

Section A - Personal Information

Last Name: _____ First Name: _____

Address (Apt/Box#/Street): _____ City/Town: _____

Province/State: _____ Country: _____ Postal code/Zip Code: _____

Email: _____ Phone (include Area Code): _____

Nature of Condition/Disability: _____

Section B – Accommodation(s) Requested

Describe why this disability/condition prevents you from writing the exam in the usual method and/or environment.

Select the type of Accommodation being requested. Select all that apply:

- Separate Room
 Reader
 Recorder
 Adjustable font size
 Screen Magnifier
 Other (specify): _____
 Additional Time (select):
 Time and a half
 Double time
 Other(specify): _____

Describe the testing accommodations you have received in the past throughout your RPN program.

Signature: _____ Date: _____



INSTRUCTIONS

If you have a disability that requires accommodation in taking the registration examination, please complete Section A of this form and forward to a qualified health professional who, in Section B, must describe the accommodations being requested, along with rationale for this recommendation. Submitting this form to the health professional provides them with consent to release information regarding your condition. **The health professional must send the completed form directly to RPNAS by mail, fax, or email info@rpnas.com.**

Section A – To be completed by the candidate

Last Name: _____ First Name: _____ Middle Name: _____

Signature: _____ Date (mm/dd/yy): _____

Section B – To be completed by a qualified health professional

I have known (name of candidate) _____ since (mm/dd/yy) _____ in my capacity as a (professional title) _____. Due to the nature of the candidate's condition/disability _____, it is my opinion that the candidate should be accommodated with the following: (check all that apply):

- Separate Room Reader Recorder Adjustable font size
- Screen Magnifier Other (specify): _____
- Additional Time (**select time requirement below**): Standard exam time is 4 hours in length.
- Time and a half Double time Other time requirement (specify): _____

Approximate date the disability was first diagnosed and/or identified: _____



Please provide the following information to support this recommendation including information. Please attach additional pages, supporting letters and/or reports, recent Psycho-Educational Assessment.

A brief history and a description of the disability including the functional limitations which prevent the candidate from writing the exam in the usual method and/or environment.

A description of the current treatment plan and why this is not effective in overcoming the functional limitations of the disability, thereby necessitating the above accommodations.

Name: _____ Title: _____ License No. _____

Phone: _____ Email: _____

Signature: _____ Date: (mm/dd/yy) _____

Please return this form and the supporting documentation to RPNAS at info@rpnas.com or by mail to:

Suite 205 - 4401 Albert Street, Regina, Saskatchewan, S4S 6B6. Attn: Registration Services.



INSTRUCTIONS

If you have a disability that requires accommodation in taking the registration examination, and you received accommodations in your psychiatric nursing education program, you must submit this form.

Please complete Section A of this form and forward to the psychiatric nursing program representative – Program Head in Regina and designated representative in North Battleford - to complete section B.

Submitting this form to the psychiatric nursing program representative provides them with consent to release information regarding your condition. **The psychiatric nursing program representative must send the completed form directly to RPNAS by mail or email info@rpnas.com.**

Section A – To be completed by the candidate

Last Name: _____ First Name: _____ Middle Name: _____

Signature: _____ Date (mm/dd/yy): _____

Section B – To be completed by a qualified health professional

I have known (name of candidate) _____ since (mm/dd/yy) _____ in my capacity as a (professional title) _____. Due to the nature of the candidate's condition/disability (description of condition/disability) _____, it is my opinion that the candidate should be accommodated with the following: (check all that apply):

- Separate Room Reader Recorder Adjustable font size`
- Screen Magnifier Other (specify): _____
- Additional Time (select):
 - Time and a half Double time Other(specify): _____

Please provide the following information to support this recommendation. Please attach additional pages, supporting letters and/or reports as necessary.

Approximate date the candidate first started receiving Accommodations in the RPN nursing program:

_____ (mm/dd/yy)



A description of the Accommodations granted to the candidate during the course(s) of the nursing program:

Any other comments:

Name: _____ Title: _____ License No. _____

Phone: _____ Email: _____

Signature: _____ Date: (mm/dd/yy) _____

Please return this form and the supporting documentation to RPNAS at info@rpnas.com or by mail to:
Suite 205 - 4401 Albert Street, Regina, Saskatchewan, S4S 6B6. Attn: Registration Services.