



UNIVERSITY OF
CALGARY

DATE RECEIVED: _____
for office staff only

**OFFICE OF RESIDENT AFFAIRS AND
PHYSICIAN WELLNESS**

REQUEST FOR ACCOMMODATION

This Request for Accommodation Form is made pursuant to, and governed by, the Postgraduate Medical Learner Accommodation Process [[Accommodation Policy](#)] (the **Process**). Defined terms used in this letter have the meaning as set out in the Process.

Request for Accommodation Forms can be submitted via e-mail at pgmeaccom@ucalgary.ca or in person at the Office of the Associate Dean, PGME (Room G02 (Ground Floor), Heritage Medical Research Building, 3330 Hospital Drive NW).

MEDICAL LEARNER INFORMATION

Name:	UCID#:
Date of Birth: (mm/dd/yy)	E-mail:
Gender:	Phone Number: (Home) _____ (Cell) _____
PGME Training Program:	

Why are you seeking an Accommodation? With reference to section 3(z) of the Process, please identify the Protected Ground(s) that gives rise to the need for an accommodation and explain any barriers you are encountering in your PGME Training Program as a result of the Protected Ground(s).

Acknowledgements:

- I have reviewed and understand the Postgraduate Medical Learner Accommodation Process [[Accommodation Policy](#)]
- I have provided all supporting documentation, including medical documentation, required under the Postgraduate Medical Learner Accommodation Process.
- The information and documentation I have provided in support of my request for an Accommodation is complete and accurate.
- If applicable, the medical documentation I have provided in support of my request for an Accommodation was completed by a member of a regulated profession as defined under the *Health Professions Act*.
- I understand that neither CSM or the University will cover any expenses incurred as part of my request for an Accommodation.
- I understand that, while the information provided in support of my request for an Accommodation will be kept confidential and will be shared only as necessary to evaluate the request or on a need-to-know basis or with my consent, there are limits to confidentiality including if I pose a risk to myself or others, or are presently harming a child. My file may be subpoenaed by a court of law.
- I understand that the CSM will report this request for Accommodation where required to do so by the CPSA's Standards of Practice, Rules and Regulations and where I have refused or failed to self-report.
- I understand that the Accommodation Assessment Committee may consult with subject matter experts, either internal or external to the University, if necessary to assess my request for Accommodation.
- I understand that I am entitled to a Reasonable Accommodation, not a perfect Accommodation or any specific Accommodation I have requested.
- I understand that identifying a Reasonable Accommodation is a shared responsibility between myself and the Accommodation Assessment Committee.
- I understand that it is my responsibility to report any change in circumstance that would impact my Accommodation to the Associate Dean, PGME as soon as possible.
- I hereby provide my consent for the Accommodation Assessment Committee and the Associate Dean, PGME to contact AHS and / or CPSA where necessary to assess my Accommodation request.

Medical Learner's Signature: _____ **Date:** _____

PLEASE NOTE: This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to determine and advise on appropriate accommodation. If you have any questions about the collection or use of this information please contact the office of the Associate Dean, PGME, Room G02 (Ground Floor), Heritage Medical Research Building, 3330 Hospital Drive NW at (403) 220-4860