



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).

Name:	Date of Birth:
UCID:	Pronouns:
Email:	
Program:	PGY:
Phone Number: H:	Program Director:
Phone Number: C:	

1. Why are you seeking an Accommodation?

2. With reference to section 3(z) of the Process, please identify the Protected Ground(s) that gives rise to the need for an accommodation:

- | | |
|--|--|
| <input type="checkbox"/> Religious Beliefs | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Gender or Sexual Identity or Expression | <input type="checkbox"/> Family Status |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other: |

3. Please explain any barriers you are encountering in your PGME Training Program with regard to the Protected Ground(s):



9. Have you connected with the Accommodations Therapist in the Office of Resident Affairs and Physician Wellness regarding potential mitigation strategies and additional resources for support?
- Yes
 - No (please see question 9a)

9a. The Accommodation Therapist will contact you to discuss your request for accommodation.

Do you prefer to be contacted:

- By Email
 - By Phone
10. Have you been granted accommodations in your previous education or training?
- No
 - Yes – please describe

11. Please list any supporting documentation* that you are including:

*In accordance with section 4.3(c), please attach to this Request for Accommodation Form any documentation that supports or explains your Accommodation request. Please see sections 4.4 through 4.6 of the Process respecting confidentiality of your request for Accommodation and any submitted documentation.

If you are requesting an Accommodation on the basis of the Protected Ground of Disability, please enclose supporting medical documentation. A [Resident Fitness for Work Form](#) is available for your care provider to complete. In accordance with section 4.8 of the Postgraduate Medical Learner Accommodation Process, the supporting documentation must:

- a) either be in English or have attached to the original documentation and an English translation of the documentation certified by a qualified translator;
- b) confirm the rationale for seeking an Accommodation;
- c) be a member of a regulated profession as defined under the Health Professions Act;
- d) include the health professional's name, title, contact information, and be on official letterhead with original signature;
- e) include the date(s) of assessment;
- f) include a statement on the nature of the Disability and the care plan including any medications and the impact of not following the care plan;
- g) explain the impact of the Disability on the Medical Learner's participation and performance in their PGME Training Program, including any impact on Patient Care, Safety and Well-Being; and
- h) make recommendations for Accommodations including a rationale linking the recommended Accommodation(s) to the Disability.



Acknowledgements:

- I have reviewed and understand the Postgraduate Medical Learner [Accommodation Process](#)
- 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