

## OFFICE OF RESIDENT AFFAIRS

### Request for Accommodation

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

Request for Accommodation forms can be submitted by email:

NB-based residents: Lisa.Sutherland@dal.ca

NS and PEI-based residents: Carolyn.Thomson@dal.ca

#### MEDICAL LEARNER INFORMATION

Name	NetID/B#
PGME Training Program	Year of Training
Email	Primary Phone #

1. Why are you seeking an accommodation? In keeping with the policy, please identify the characteristic protected under human rights legislation that gives rise to the need for accommodation and explain any barriers in your residency training program as a result.
2. Do you have suggestions for possible accommodations that will reduce barriers to participation in PGME activities?

3. Have you requested accommodation through any other route?

4. Have you received an accommodation(s) previously during your medical training?  
Please describe and attach relevant documentation.

Please enclose any relevant supporting documentation. Supporting documentation must describe the link between the barrier and the accommodation that seeks to reduce or eliminate the barrier.

Should the request be based on a physical or mental disability, please provide documentation from a member of a regulated profession including and limited to medical doctors, nurse practitioners, registered psychologists, registered occupational therapists, registered speech and language pathologists or other expert(s) deemed appropriate based on the nature of the functional limitation arising from the disability and accommodation request. Documentation should include:

1. A statement on the nature of the disability, and the functional limitation without having to disclose a diagnosis, and the impact of not providing an accommodation.
2. An explanation of the impact of the disability on the resident's PGME training including any impact on patient care, safety and wellbeing.
3. Recommendations for the accommodation(s) including a rationale linking the requested accommodation and the disability.

**Confidentiality:** It may be necessary to share your personal information, including personal health information, on a need to know and confidential basis with individuals involved in reviewing the request for an accommodation or in implementing any accommodation. In considering the request, you will be informed and asked to provide consent prior to sharing of information with specific individuals.

### **Acknowledgements:**

- I have reviewed and understand the [Postgraduate Medical Trainee Academic Accommodation Policy](#).
- I have provided all supporting documentation (if applicable), including medical documentation required under the [Postgraduate Medical Trainee Academic Accommodation Policy](#).
- The information and documentation I have provided is complete and accurate.
- If applicable, the medical documentation I have provided was completed by a member of a regulated profession (other provinces)
- I understand that, while the information provided in support of my request for an accommodation will be kept confidential and will only be shared 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.
- I understand that the Accommodation Advisory Committee may review my request if complex. The AAC may further consult with subject matter experts, either internal or external to the University, if necessary to assess my request for accommodation.
- I understand that identifying a reasonable accommodation that aligns with my request is a shared responsibility between myself, my program and/or site director and, in some cases, the Accommodation Advisory Committee.
- I understand that it is my responsibility to report any change in circumstances that could impact my accommodation to the Assistant Dean, Resident Affairs as soon as possible.
- I understand that any accommodation, if approved will be reviewed with Assistant Dean, Resident Affairs annually at a minimum and more frequently should circumstances and/or requirements change.

**Trainee Signature**

**Date**