Extenuating Circumstances Policy

This policy allows Candidates to defer or resit (an) examination component(s) in the event of appropriately documented extenuating personal circumstances without incurring additional College fees.

Candidates who are unable to prepare for and complete any or all components of a Membership or Fellowship examination because of a serious medical or critical personal circumstance, may apply to Council for permission to attempt the examination component at the next examination sitting.

Candidates who sit (an) examination component(s), but whose performance may have been impaired because of a serious medical or critical personal circumstance, may apply to Council for permission to attempt the examination component at the next examination sitting. If the application for consideration of extenuating circumstances is successful, the affected component(s) will not be marked.

Critical personal circumstances are those which have a “substantial” effect on the “normal” functioning of the candidate for a significant portion of the study period or the examination day. Critical personal circumstances include (but are not limited to) illness, injury and bereavement. Critical personal circumstances occurring more than four weeks before the examination date will not normally be considered.

If the application is successful the candidate will be offered an examination of the affected component(s) at the next planned offering in the following year, or two years later for subjects offered every second year. Examinations will not be offered outside of the normal examination periods.

All applications require certification by an appropriate registered health professional and must be made on the application form available from the College Office on request.

All applications must be made within 14 days before and 2 days after the examination component(s) affected, except at the discretion of Council.

Council will consider all applications on a case-by-case basis. No guarantees of an application’s success can be made.

The maximum period for completion of all components of the examination may, or may not, be extended at the discretion of Council on a case-by-case basis.
PART 1 - TO BE COMPLETED BY THE APPLICANT

Last Name: ____________________________________  First Name: ________________________________

Address:
_______________________________________________________________________________________
_______________________________________________________________________________________

Subject: ____________________________________________________________

I wish to apply for extenuating circumstances for the following examination component(s)

<table>
<thead>
<tr>
<th>Examination component</th>
<th>Date of examination</th>
</tr>
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<tbody>
<tr>
<td>(written paper 1/written paper 2/practical/oral)</td>
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Explain the nature of your serious medical or critical personal circumstance and the type, degree and duration of effect on your examination preparation or ability to attend the examination. Please include relevant dates. Please attach any extra pages if needed.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

I give my consent for any relevant details of sickness or personal circumstances to be divulged to members of Council, Board of Examiners, and the necessary College office staff.

Signed: ___________________________  Date: ___________________________
PART 2 - CONFIDENTIAL REPORT TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

I was consulted by____________________________________________on__________________________
and certify that the candidate suffered the following serious illness, injury, bereavement, or other critical
personal circumstance on the day of the examination or within four weeks prior to it:
_________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please indicate the level of impairment you assess the candidate to be suffering using the check boxes below and
additional notes if necessary. The more information you can provide that relates to the circumstances of the
application, including your opinion on the impairments’ impact on the candidate’s preparation for the
examination or their ability to attend on the day, the easier it will be for the College to make an informed
decision.

Degree of impairment* | Dates the candidate was affected
--- | ---
Very serious impairment, such that the candidate was unable to attempt and/or prepare for the assessment | 
Serious impairment, such that the candidate was probably unable to attempt or prepare adequately for the assessment | 
Moderate impairment, such that candidate was able to attempt and prepare for the assessment, with substantial reduction in performance likely | 
Mild impairment, such that candidate was able to attempt and prepare for the assessment, with some reduction in performance likely | 
Little or no impairment, such that candidate was able to attempt and prepare for the assessment, with performance minimally affected | 

*the Candidate may have had different degrees of impairment on different days

Name____________________________________________________________Date___________________
Qualifications / Membership of Professional Body:_____________________________________
Address:___________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Phone number: _______________________   Provider or registration number: ________________________

I certify that I was consulted within the scope of my practice and am not a family member nor involved in a
close personal relationship with the patient.

Signature__________________________________________

PLEASE AFFIX YOUR COMPANY STAMP HERE