

FRAMEWORK FOR ACCOMMODATION MEASURES THAT MAY BE PROVIDED TO A CANDIDATE TO AN OACIQ CERTIFICATION EXAMINATION

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PREAMBLE

The purpose of this Framework for accommodation measures that may be provided to a candidate to a certification examination of the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ) is to give the Organization the tools it needs to ensure a fair and equitable handling of requests for accommodation submitted by candidates to mandatory certification examinations.

PRINCIPLES

The Framework is based on the provisions of the Québec *Charter of human rights and freedoms*,¹ which stipulates that every person has a right to exercise his human rights and freedoms, without distinction based on a discriminatory criteria such as race, sex, or handicap, to name only a few.

Therefore, the OACIQ, to the extent of the resources at its disposal, wishes to implement accommodation measures adapted to the needs of applicants who submit a request, in order to give all candidates an equal chance of success.

MEASURES

The accommodation measures that may be provided by the OACIQ include access to semi-private rooms where a candidate can be isolated during a certification examination, and the granting of extra time to complete the examination.

The OACIQ may propose measures that are different from those requested by the applicant, based on the candidate's limitations and the resources at the Organization's disposal.

RESPONSIBILITIES OF THE CANDIDATE

A candidate who wishes to take advantage of accommodation measures is responsible for informing the OACIQ of his situation and needs by submitting a duly completed Request for Accommodation form **no later than the registration deadline for a certification examination**, except under exceptional circumstances.

The form is attached to this document.

To have his request reviewed, the candidate may submit a form other than the Request for Accommodation form provided by the OACIQ, as long as this form contains the information required by the OACIQ as a minimum. Notwithstanding the above, the OACIQ reserves the right to require that a candidate to a certification examination complete the Organization's own Request for Accommodation form.

The candidate must also act in good faith and be proactive in his search for solutions, in order to facilitate the reaching of a compromise.

¹ *Charter of human rights and freedoms*, CQLR, c. C-12



RESPONSIBILITIES OF THE OACIQ

The OACIQ is responsible for receiving and reviewing requests for accommodation, making the appropriate decision based on the details of each case, and informing the candidate of its decision.

In addition, the OACIQ is responsible for executing and following up on the accommodation measures granted, where applicable.

REVIEW OF THE REQUEST

The candidate's request is forwarded to the OACIQ Continuing Education Department, which is responsible for reviewing requests for accommodation.

The Department may, as part of this review, consult with the management of other OACIQ departments in order to ensure a fair and equitable application of this Framework. The Department will evaluate the needs of the candidate requesting accommodation measures and will ensure, on the one hand, that the candidate's limitations justify the use of an accommodation measure and, on the other hand, that the OACIQ is able to provide such measure.

To do so, the Continuing Education Department may:

- require a new medical report if the one submitted by the candidate dates back more than five years;
- require a new evaluation of the candidate if his situation evolves between the submission of the request for accommodation and the evaluation;
- require a medical report from a medical specialist or a specialist recognized by the Department where a precise diagnosis is needed.

Following its review, the Continuing Education Department will inform the candidate in writing, as soon as possible following the submission of the candidate's request for accommodation, of the measures proposed or of the refusal to grant the measures requested.

In the event that a refusal or an amendment to the request results in the postponement of the candidate's mandatory certification examination, the OACIQ will not charge the candidate for the postponement fees that would otherwise apply.

EFFECTIVE DATE

This framework shall come into effect on September 1, 2017.



REQUEST FOR ACCOMMODATION OACIQ Certification Examination

IMPORTANT

NOTE – The cost of completing this request is at the applicant's expense.

Applicable rules

A candidate who wishes to take advantage of accommodation measures is responsible for informing the OACIQ of his situation and needs by submitting a duly completed Request for Accommodation form (no later than the registration deadline for a certification examination, except under exceptional circumstances), to any of the **contact details indicated on page 3** of this form.

To send documents electronically, it is mandatory to send your documents **IN A SINGLE EMAIL** to examen@oaciq.com, otherwise your application will not be processed.

SECTION I – IDENTIFICATION OF APPLICANT

Mr. Mrs.

Date of birth:

DAY			MONTH			YEAR			

Name:

LAST NAME	FIRST NAME

Address:

NUMBER	STREET	APARTMENT
MUNICIPALITY	PROVINCE	POSTAL CODE

File Number:

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SECTION II – CONSENT TO DISCLOSE MEDICAL OR PSYCHOSOCIAL INFORMATION (to be completed by the applicant)

! PRIVACY PROTECTION

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

RESERVED FOR THE OACIQ

RECEIPT STAMP

SECTION II – CONSENT TO DISCLOSE MEDICAL OR PSYCHOSOCIAL INFORMATION (continued)

I declare that all the information contained in this application is accurate and I understand that any misrepresentation will result in the revocation of my licence. **I agree to notify the OACIQ immediately of any changes to this information.**

I, the undersigned, _____ hereby authorize the Organisme d'autorégulation du courtage immobilier du Québec (OACIQ) to contact the professional mentioned in section III for more information regarding this Request for Accommodation.
FIRST AND LAST NAMES (PLEASE PRINT)
Note that this information shall only be used to examine the accommodation request.

By the same token, I authorize the professional named in section III or in the detailed medical report submitted to provide the OACIQ with details regarding the suggested accommodations and, where required, explanations concerning the functional limitations related to my activities.

Unless revoked by me, this authorization is valid for a period of one year from the signature date.

I understand that the information contained herein is necessary for the review of my Request for Accommodation.

I understand that the OACIQ is governed by the *Act respecting Access to documents held by public bodies and the Protection of personal information* and that my personal information will be kept confidential.

X _____ **Date:** _____
SIGNATURE OF APPLICANT DAY MONTH YEAR

SECTION III – IDENTIFICATION OF THE AUTHORIZED PROFESSIONAL (to be completed by the professional in capital letters)

Mr. **Mrs.** **Licence No.:** _____

Name:

LAST NAME FIRST NAME

Occupation:

If you are a doctor: a general practitioner or a specialist, specify the specialty: _____

Business address:

NUMBER STREET APT. / SUITE / SPACE

MUNICIPALITY PROVINCE POSTAL CODE

AREA CODE TELEPHONE NO. EXTENSION

Email address: _____

SECTION IV – DECLARATION BY ATTENDING PHYSICIAN OR RECOGNIZED SPECIALIST

ACCOMMODATION MEASURE SUGGESTED

Granting of additional time to complete the examination (specify time required) _____

Access to semi-private examination room

Other (please specify)

ADDITIONAL INFORMATION, IF APPLICABLE

X

SIGNATURE OF ATTENDING PHYSICIAN OR RECOGNIZED SPECIALIST

Date: | | | | | | | | | | | | | | | |
DAY MONTH YEAR

Licence No.: | | | | | | | | | |

PLEASE SEND YOUR DOCUMENTS
to the Education Department by email at EXAMEN@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec
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