

### NOSM University Postgraduate Resident Accommodation Plan

Date: \_\_\_\_\_

Resident Name	Program	PGY Level

Dear \_\_\_\_\_,

*Program Director*

The NOSM U Learner Support Services is assisting with arranging accommodations for residents under compassionate grounds that can be implemented without compromising the academic integrity of the residency program.

\_\_\_\_\_ has provided appropriate documentation outlining their specific case to the Accessibility Advisor. The following accommodations are approved by the Accommodations Committee.

Accommodation Type	Description	Estimated Duration
Duty hours		
Leave		

Accommodation Type	Description	Estimated Duration
Clinical Tasks		
Non-Clinical Tasks		
Academic sessions		
Written assessments		
Oral assessments		
Housing		

Accommodation Type	Description	Estimated Duration
Transportation		
Other		

Adapting a training program while upholding its academic integrity and continuous service to patients can be challenging. Learner Support Services and the Accessibility Advisor are available to support you and your Residency Program Committee as required.

If you cannot operationalize any of the above, please notify the Learner Support Services.

The involvement of \_\_\_\_\_ and the requirement for accommodations is confidential. It must not be identified on any transcript, evaluation, or official record. Accommodations can be shared with supervisors and administrators only on a need-to-know basis and/or with the express consent of the resident.

Please note that NOSM University has a Duty to Accommodate, which includes a legal obligation as set out in the Human Rights Code. Compassionate Academic Accommodations for residents falling under the Code, including in the clinical environment, are provided unless doing so would invalidate the Bona Fide Academic and/or Clinical Requirement or an Essential Requirement or if Undue Hardship can be demonstrated.

Thank you for your attention to these matters and your support for the well-being of

\_\_\_\_\_

Yours sincerely,

\_\_\_\_\_  
ADRA,

\_\_\_\_\_  
Date Signed

I have reviewed and understand the accommodations parameters required.

\_\_\_\_\_  
PGME Resident, \_\_\_\_\_

\_\_\_\_\_  
Date Signed

I have reviewed and understand the accommodations parameters required.

\_\_\_\_\_  
Program Director, \_\_\_\_\_

\_\_\_\_\_  
Date Signed

CC: \_\_\_\_\_

CC: \_\_\_\_\_

CC: \_\_\_\_\_

**DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT**

<b>Version</b>	<b>Date</b>	<b>Authors/Comments</b>