

NOSM University Postgraduate Resident Accommodation Plan

Date: _____

Resident Name	Program	PGY Level

Dear _____,
Program Director

The NOSM U Postgraduate Medical Education Office is mandated to arrange accommodations for residents with disabilities that can be implemented without compromising the academic integrity of the residency program.

_____ experiences functional limitations secondary to a disability and requires accommodations in the learning and working environment. _____ has provided medical confirmation of the disability to the NOSM University 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. The Postgraduate Medical Education Wellness Program and Learner Support Services are available to support you and your Residency Program Committee as required.

If you cannot operationalize any of the above, please notify the Postgraduate Medical Education Wellness Program promptly.

The involvement of _____ with the Postgraduate Education Wellness Program 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 to eliminate Barriers and to provide equal access for learners with disabilities. Academic Accommodations for documented functional limitations, 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. Accommodations must fall under the Ontario Human Rights Code definitions and may be refused if NOSM University can demonstrate that their implementation would represent Undue Hardship.

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: _____

