

NOSM University UME Student Accommodation Plan

NOSM University has a Duty to Accommodate¹, 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.

The Accommodations Committee has reviewed and approved the accommodation(s) listed below.

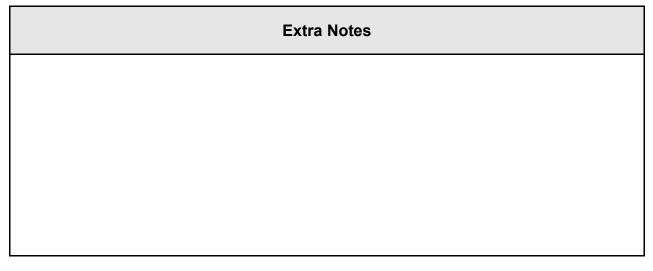
| Student Name | Student Number | Year Level |
|---------------------------|-------------------------|---------------|
| | | |
| Campus or Community (CCC) | Learner Affairs Officer | Academic Year |
| | | |

| Assessments | | | | |
|-------------|--|--------|-------|--|
| | | P1LAbS | Essay | |
| Timing | | | | |
| Breaks | | | | |

¹ All capitalized terms have the same meaning as in the NOSM University Academic Accommodations including in the Clinical Environment Policy

| Testing Environment | |
|---------------------|--|
| | |

| | Format | |
|-----------|--------|------------|
| Examplify | | Paper Copy |



Dates and Location: If assessment dates/times are different from the Timetable dates/times, they will be clearly indicated below:

Extra Notes

| Academic Environment | | |
|----------------------|-----|----|
| | Yes | No |
| Lecture Capture | | |
| Sit/Stand Desk | | |
| Note-taker | | |
| Other | | |

| Extra Notes | |
|-------------|--|
| | |
| | |
| | |
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| | |

| | If the student has lecture capture: | | | | |
|---|-------------------------------------|--|----|--|-----|
| Has the lecture capture form been signed? | | | | | |
| | Yes | | No | | N/A |

| Clinical Environment | | | |
|-------------------------------|--|--|----------|
| Yes No Comments | | | Comments |
| Phase 1: Module 106, 108, 110 | | | |
| Phase 2 | | | |
| Phase 3 | | | |

| Extra Notes |
|-------------|
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| Phase 1 and 2: OSCE | | | |
|--|-----|----|----------|
| | Yes | No | Comments |
| Reading the presenting situation | | | |
| History station | | | |
| Physical exam station | | | |
| Procedure station | | | |
| Post Encounter Probe – oral/written (Phase 2 only) | | | |
| Feedback (formative OSCE only) | | | |

Extra Notes

The accommodations listed on this form are subject to review and could change depending on the nature of the disability.

The involvement of ______ with NOSM U Accessibility Advisor and the requirement for accommodations are confidential. The personal information of Learners with a disability shall be managed and protected in accordance with the Freedom of Information and Protection of Privacy Act and applicable University policies.

Yours sincerely,

Dr. J. Shack Co-Chair, Accommodations Committee Date Signed

MD Student

Date Signed

Cc list: Assessment; UME Administrative Director, Curriculum and Learning Environment; UME Administrative Manager, Education Resources; UME Administrative Manager, Program Delivery; Phase Director; Learner, and Learner Affairs Officer

| | DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT | | |
|---------|--|------------------|--|
| Version | Date | Authors/Comments | |
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