ACCOMMODATION REQUEST FORM

Individuals making a request for accommodation to the Insurance Council ("Accommodation Applicants") must complete and submit this form, along with any supporting documentation. Accommodation Applicants who require assistance filling out this form may contact the Insurance Council at 604-695-2007 (Metro Vancouver) or 1-877-688-0321 (toll-free within Canada – please press 2 to be directed to the Licensing department). Upon request, the Insurance Council will also consider alternative methods of receiving a request for accommodation.

Further information can be found in the Accommodation Policy on the Insurance Council's Policies & Other Documents page.

SECTION 1 ACCOMMODATION APPLICANT'S DECLARATION

Please confirm you have fully read and agree to the below certification:
☐ I understand that the Insurance Council reserves the right to determine when and where any accommodation(s) will be offered.

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 2A ACCOMMODATION APPLICANT'S INFORMATION – EXISTING LICENSEES OR INDIVIDUALS WITH A CIPR OR APPLICATION NUMBER

Please fill this subsection out if you are an existing Insurance Council licensee or you have a CIPR or application number. The Insurance Council will use the existing e-mail address on file for you for correspondence related to this request. If you are unsure which e-mail address is on file, please log into the online portal and confirm that your contact information is up-to-date, or use the applicable form on the Insurance Council website to update your contact information.
Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Licence, CIPR or Application Number:

SECTION 2B ACCOMMODATION APPLICANT'S INFORMATION – INDIVIDUALS WHO ARE NOT LICENSEES/DO NOT HAVE A CIPR OR APPLICATION NUMBER

Please fill this subsection out only if subsection 2A does not apply, i.e. you are an individual that is not a licensee/you do not have a CIPR or application number.

Legal First Name:	
Legal Middle Name(s):	
Legal Last Name:	
Mailing Address:	
City:	Telephone number:
Province:	
Postal Code:	
Email:	

SECTION 3 TYPE(S) OF ACCOMMODATION REQUESTED

Please identify the type(s) of accommodation requested.

☐ Accommodation related to a Protected Characteristic under section 8 of the BC Human Rights Code.

Please identify the Protected Characteristic(s) that give(s) rise to the limitation(s) which you are asking the Insurance Council to accommodate. The BC Human Rights Tribunal provides definitions on their website for each of these characteristics here.

☐ Mental disability
☐ Physical disability (Note: this does not include conditions that are temporary and treatable, such as a broken bone, as per the BC Human Rights Tribunal. These would fall under accommodations related to a medical condition of the Accommodation Applicant, below).
☐ Religion
☐ Other Protected Characteristics under section 8 of the BC Human Rights Code (i.e. age, family status, gender identity or expression, Indigenous identity, marital status, race, ancestry, colour, place of origin, sex, sexual orientation).

Please indicate which Protected Characteristic(s): _____

☐ Accommodation related to a medical condition of the Accommodation Applicant, such as illness or other temporary and treatable conditions such as broken bones.

Please indicate estimated date of recovery (if known): _____

☐ Accommodation related to other circumstances that are **not** related to an Accommodation Applicant's Protected Characteristic or medical condition. This includes a family member's medical condition or other extenuating circumstances impacting an Accommodation Applicant.

If related to a family member's medical condition, please indicate estimated date of recovery (if known): _____

SECTION 4 DESCRIPTION OF ACCOMMODATION(S) REQUESTED

Is/are the requested accommodation(s):		
(a) Related to a licence application? If yes, please indicate licence type: _____	YES☐	NO☐
(b) Related to maintaining a licence? If yes, please provide a brief explanation (for example, related to an audit, reporting requirement, etc.): _____	YES☐	NO☐
(c) Related to an exam administered by the Insurance Council? If yes, please indicate examination type: _____	YES☐	NO☐
(d) Related to an investigation and/or disciplinary matter?	YES☐	NO☐
(e) Related to a complaint?	YES☐	NO☐

If you answered "no" to all the questions above, please indicate what the requested accommodation(s) is/are in relation to:

Please describe any specific accommodations you are requesting. For example, if you are requesting exam materials in an alternative format, specify the type of alternative format. If you are requesting any adaptive technology/software or other physical resources, specify the resources requested. If there are alternatives to the accommodation(s) you have identified, please state them.

The Insurance Council will consider all suggestions but any suggestions made are not binding.

SECTION 5 SUPPORTING DOCUMENTATION

Please provide the supporting documentation set out below, that is required based on the type(s) of accommodation identified in section 3. If you have chosen more than one type of accommodation, please provide supporting documentation for each type.

If you are unable to provide the requested supporting documentation, please fill out the rest of this form and submit it to the Insurance Council, along with the reasons why supporting documentation cannot be provided.

Accommodation related to a Protected Characteristic under section 8 of the BC Human Rights Code

Protected Characteristics that are not a disability

If you are asking the Insurance Council to accommodate a limitation caused by or associated with Protected Characteristics that are **not** a disability, please attach a detailed statement from an appropriately qualified person with direct knowledge of your Protected Characteristic(s). For example, if the accommodation is requested on the basis of religion, a statement should be obtained from a religious official.

The statement must include the factual basis for identification of any limitations which are caused by or associated with the individual's Protected Characteristic(s), and must include:

- The qualified person's name;
- The qualified person's contact details, including an address; and
- Relevant qualifications (for example, a statement of qualifications on a professional letterhead).

Protected Characteristics that are a disability

If you are asking the Insurance Council to accommodate a limitation caused by or associated with Protected Characteristics which are a disability (physical or mental), please attach a completed Health Care Practitioner Form, found in **Appendix 1** (located at the end of this form).

Accommodation related to a non-disability medical condition of the Accommodation Applicant (including temporary and treatable conditions)

Please attach supporting documentation to identify and support your medical condition. This documentation can include, but is not limited to, the following:

- A current and recently dated medical document issued by a treating medical provider which explains the circumstances, provides a timeline/duration, and identifies the length of time for which accommodation is required. As a guide, refer to the practice standards of the College of Physicians and Surgeons of B.C. (PSG-Medical-Certificates.pdf (cpsbc.ca)).

Accommodation related to other circumstances that are **not** related to an Accommodation Applicant's Protected Characteristic or medical condition

The required supporting documentation for these types of requests will be determined on a case-by-case basis. Once the Insurance Council receives your Accommodation Request Form, we will contact you regarding the supporting documentation that is required for your specific request. This may be similar to the types of supporting documentation that are required for other accommodations.

SECTION 6 ACCOMMODATION APPLICANT'S SIGNATURE

I, the undersigned, acknowledge the following:
☐ All the information contained in this application is true and complete, and I understand the terms outlined in Section 1 of this application.
☐ I hereby authorize the Insurance Council to contact relevant third parties for additional information in relation to this assessment.

Signature of Accommodation Applicant _____

Date Signed (mm/dd/yyyy) _____

Completed forms should be emailed to: licensing@insurancecouncilofbc.com

Please note that a complete application is required for processing.

APPENDIX 1 – HEALTH CARE PRACTITIONER FORM

When an Accommodation Request Form identifies either a physical or mental disability as the Protected Characteristic giving rise to the limitation(s) for which an accommodation is being sought, the Accommodation Applicant is required to authorize their health care practitioner to complete a Health Care Practitioner Form. The BC Human Rights Tribunal has previously noted that "physical disability" does not capture every medical problem, and specifically does not include conditions that are temporary and treatable, such as a cold or flu, or a broken bone. As a result, these conditions are not Protected Characteristics under the BC Human Rights Code and do not require this form to be filled out.

Note: A practitioner who fills out a Health Care Practitioner Form must hold a licence in good standing issued by a professional regulator which has been established by and is governed under a statute and must either be a) actively involved in the treatment of the Accommodation Applicant's disability or b) have conducted a fully sufficient examination of the Accommodation Applicant for the purpose of this request ("Practitioner").

The purposes of the Health Care Practitioner Form include confirming the existence of a disability and describing the limitations which are, in the Accommodation Applicant's case, associated with that disability.

The Insurance Council may request further and more detailed reports about an Accommodation Applicant's limitations including, if necessary, information about the Accommodation Applicant's diagnosis, treatment, and prognosis. This will support the Insurance Council in meeting its duty to accommodate while also supporting its mandate to protect the public interest.

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 1 ACCOMMODATION APPLICANT'S DECLARATION

Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Licence, CIPR or Application Number (if applicable):

I, the undersigned, acknowledge the following:
☐ I consent to my diagnosis being identified on this form and provided to the Insurance Council.

☐ I hereby authorize the Practitioner named below to provide the required information to the Insurance Council.
☐ I hereby authorize the Insurance Council to contact the Practitioner named below for additional information in relation to this assessment.

Signature of Accommodation Applicant _____

Date Signed (mm/dd/yyyy) _____

SECTION 2 PRACTITIONER'S PROFESSIONAL INFORMATION

Legal First Name:		
Legal Middle Name(s):		
Legal Last Name:		
Profession:		
Name of Regulatory Body:		
Licence Number:		
Name of Practicing Office:		
Business Address:		
City:	Province:	Postal Code:
Business Phone:		
Email:		
Professional Qualifications. Please list your professional qualifications including details about your area(s) of practice and any specialties below.		

SECTION 3 ASSESSMENT INFORMATION

(a) How long has the Accommodation Applicant been in your care?

(b) If the Accommodation Applicant has not been in your care and you are examining the Accommodation Applicant for the purposes of assessment in relation to this request, have you conducted a fully sufficient examination of the Accommodation Applicant for the purposes of this opinion, and if yes, when did you do so?

(c) Has the Accommodation Applicant been diagnosed with a health condition resulting in a disability?	YES☐	NO☐

(d) If you answered "yes" to question (c) above:

i. When was the Accommodation Applicant first diagnosed with this condition? (mm/dd/yyyy):

_____

ii. Did you diagnose this condition? YES☐ NO☐

iii. If you did not diagnose this condition, did you confirm this condition? YES☐ NO☐

iv. Please describe the limitations which are, in the Accommodation Applicant's case, associated with their disability. This information will help the Insurance Council determine if any Insurance Council rules or requirements might adversely affect the Accommodation Applicant due to these limitations, and if so, what accommodations may be available.

(e) **Suggested Accommodation(s).** Please suggest any accommodation you think might be helpful to the Accommodation Applicant.

SECTION 4 PRACTITIONER'S SIGNATURE AND APPROVAL

I, the undersigned, certify the following:
☐ I confirm that the information and assessment I have provided is accurate to the best of my knowledge and expertise, and is within my scope of practice.

Signature of Practitioner _____

Print Name and Title _____

Date Signed (mm/dd/yyyy) _____

Practicing Office Stamp (required)