

All fields must be completed.

This Exam Accommodation Request is for the following exam: \_\_\_\_\_

**A. INDIVIDUAL INFORMATION**

1. Name (Full legal name as stated on a government issued identification)

FIRST	MIDDLE	LAST

2. myRECA Username

3. Program or Course Expiry Date

4. Primary phone number

5. Email address

6. Provide dates/ times when you are available to write your exam.  
(The exam administrator, Meazure Learning, requires a minimum of 2 weeks' notice for date selections.)

First Choice: (day/ month/year) \_\_\_\_\_ AM or PM \_\_\_\_\_

Second Choice: (day/ month/year) \_\_\_\_\_ AM or PM \_\_\_\_\_

Third Choice: (day/ month/year) \_\_\_\_\_ AM or PM \_\_\_\_\_

7. What exam locations are your top 2 choices? Log- in to your myRECA account to view a list of current Meazure Learning exam centre locations [here](#).

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**B. ACCOMMODATION REQUEST DESCRIPTION**

Please describe what accommodation(s) you require to access and complete the exam:

Your Certified Medical Professional must submit the supporting documentation to [credentialing@reca.ca](mailto:credentialing@reca.ca) (Please note that RECA is not able to provide exam accommodation without supporting documentation).  
\*Accommodations may only be provided for in-class exams at a physical location.

### C. PRIVACY POLICY

The Real Estate Council of Alberta (RECA) respects your privacy and adheres to the Personal Information Protection Act (PIPA). The RECA Privacy Policy is available at [www.reca.ca](http://www.reca.ca).

In providing personal information to the Real Estate Council of Alberta (RECA), I hereby consent to RECA's collection, use, and disclosure of my personal information for licensing and other regulatory purposes under the Real Estate Act, in accordance with the Personal Information Protection Act (PIPA).

I have read, understand, and accept RECA's Privacy Policy. \_\_\_\_\_ Initials 

### D. ACCEPTANCE AND ACKNOWLEDGEMENT

I, \_\_\_\_\_, make the following declaration knowing that it is of the same force and effect as if it was made under oath:

- I. I have read and understand all questions and statements in this application.
- II. I confirm that all information I have provided in this application are true.
- III. I acknowledge that providing false information to RECA's Registrar may result in the refusal of an authorization and/or in a breach of RECA's Education Code of Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once you have completed this application, please email it to [credentialing@reca.ca](mailto:credentialing@reca.ca)

**Accommodation application decisions consider your needs and the resources available at specific locations. RECA makes every effort to facilitate access to services by working with you and exam centres.**