

This form is for candidates with functional limitations who, due to their condition, are requesting accommodation for writing the qualification examinations of the *Autorité des marchés financiers* (the “AMF”).

Procedure

Candidates wishing to apply for accommodation for writing AMF examinations must submit this form or a medical report in support of their particular needs. The AMF reserves the right to determine when and where any accommodation will be offered.

The candidate must:

- complete and sign parts 1 to 3;
- have parts 4 to 7 completed by a physician or an authorized professional (see information below);
- include the desired examination location and date with the accommodation request.

To ensure the confidentiality of the information provided in this form, all requests for accommodation must be sent only by mail to the following address, and must be marked “Confidential.”

Autorité des marchés financiers
Direction de la formation et de la qualification
Co-ordinator, Examinations and Training Periods
800, rue du Square-Victoria, bureau 2200
Montréal (Québec) H3C 0B4

Which professionals are authorized to complete parts 4 to 7 of this form?

Parts 4 to 7 of this form must be completed by a physician or a professional authorized to assess handicapped students and students with social maladjustments, as defined under the Québec *Education Act*, based on the nature of the candidate’s functional limitations and in accordance with the professional’s related area of expertise. Therefore, the following professionals who may legally practise in Québec are authorized to complete this form: physicians, psychologists, occupational therapists and remedial teachers.

The AMF reserves the right to contact the physician or professional who has completed this form to obtain additional information if it deems it necessary in order to identify or justify any accommodation to be provided during the examination session.

Any fees charged by the physician or professional for completing this form must be assumed by the candidate.

A complete medical report duly completed by an authorized health care professional may also be submitted. This report must contain the information requested in parts 4 to 7.

Processing of requests

In view of its mission to protect the public, the AMF applies criteria to authorize examination accommodations which may differ from those applied by training bodies, such as CEGEPs. AMF examinations are intended to determine whether candidates have the required skills to practise in the sectors overseen by the AMF. For reasons of examination validity and equity, examination conditions must be, insofar as possible, the same for all candidates.

To help the AMF identify the accommodations required by the candidate's functional limitations, this request may be referred to an evaluating physician designated by the AMF.

Once it has examined the request for accommodation, the AMF will notify the candidate of its decision and, if applicable, will inform the candidate of the specific conditions that will be implemented during the examination.

Confidentiality of personal information

The personal information collected in this form is necessary in order to study the request. It will be used solely by authorized AMF employees for purposes of identifying and implementing the accommodations required due to the candidate's functional limitations.

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c.A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access / AMF \(lautorite.qc.ca\)](https://www.lautorite.qc.ca/information-access).

PART 1 – IDENTIFICATION OF CANDIDATE REQUESTING ACCOMMODATION (TO BE COMPLETED BY THE CANDIDATE IN BLOCK LETTERS)

Client No. (10 digits)		Certificate No. (6 digits)		PIN (9 digits)	
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name		Last name		
Date of birth ____ / ____ / ____ year month day			Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>		
HOME ADDRESS					
Civic No.		Street		Apt.	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			

PART 2 – CONSENT TO THE DISCLOSURE OF MEDICAL OR PSYCHOSOCIAL INFORMATION (TO BE COMPLETED BY THE CANDIDATE)

I, the undersigned, _____, authorize the *Autorité des marchés financiers* (the “AMF”)

(Full name in block letters)

to contact the professional identified in part 4 in order to obtain additional information regarding this request for accommodation. I understand that this information will be used solely for the purpose of studying my request for accommodation.

I further authorize the professional identified in part 4 or in the detailed medical report submitted to provide the AMF with details regarding the proposed accommodation and, where required, explanations regarding my functional limitations.

Unless revoked personally by me, this consent is valid until the AMF issues or refuses to issue my representative’s certificate, or for a period of one year from the date of signature.

Signature of candidate

Date: ____ / ____ / ____
year month day

In your professional practice, how do you intend to compensate for the functional limitations identified in this examination accommodation request? If necessary, attach additional pages.

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this form is accurate.

Signature of candidate _____ Date: _____ / _____ / _____
year month day

IDENTIFICATION

Ms. Mr.	<input type="checkbox"/> <input type="checkbox"/>	First name		Last name	
Title				Permit No.	
If you are a physician, identify whether you are:		<input type="checkbox"/> a general practitioner, or <input type="checkbox"/> a specialist (specify)			
Since when has the candidate been your patient or client?				Date: ____/____/____ year month day	
BUSINESS ADDRESS					
Civic No.			Street		
				Suite	
City			Province		
				Postal code	
Telephone (business)					Ext.

PART 5 – IMPORTANT NOTICE FOR AUTHORIZED PROFESSIONALS

The information below is important. Please read it and sign in the space at the end.

The *Autorité des marchés financiers* (the “AMF”) is the agency mandated by the Québec government to oversee the financial sector and provide assistance to consumers related to insurance, securities, deposit institutions (other than banks) and the distribution of financial products and services.

As part of its mission to protect the public and oversee the distribution of financial products and services, the AMF requires future professionals to pass qualification examinations as a prerequisite to the issuance of a certificate (right to practise). These examinations are intended to evaluate future professionals in order to ensure that they have the necessary skills to properly serve clients. Activities related to these functions present high risks of financial loss for consumers if they are not carried out with competence and diligence.

For reasons of equity and validity of the evaluation, examination conditions must be the same for all candidates. However, with a view to allowing candidates with functional limitations to write the examinations, the AMF implements special measures where justified by the candidate's condition. To ensure that the proposed accommodation is appropriate, fair and justified, please read the information below. To help the AMF identify the accommodation required due to the candidate's functional limitations, this request may be forwarded to the evaluating physician designated by the AMF. The physician may contact you in this regard.

Examination particulars

AMF examinations generally last 60 to 75 minutes and contain 20 to 30 questions. For each question, candidates must read brief case studies consisting of several lines. From the four possible proposed answers (a, b, c, d), candidates must blacken, on an answer sheet provided for this purpose, the letter corresponding to the chosen answer. Depending on the skill being evaluated, candidates must make mathematical calculations using a calculator. The font is easily legible (Arial 11). Sample examination questions are available for consultation on the AMF website at <http://www.lautorite.qc.ca/en/sample-examination-questions.html>.

Duration

Candidates are evaluated in particular for their ability to complete the examination within the allotted time. The duration of examinations is determined based on the time a newly certified representative would need to answer the questions. The allotted time takes into account that candidates can consult their manuals, if necessary, but it must not allow them to learn the concepts during the examination.

Physical layout

The examination room in Montréal has a maximum capacity of 50 people. The examination room in Québec City and the other examination centres across Québec can hold up to 20 people. Instructions are given orally, but are also available in writing if needed.

The AMF's offices are accessible for persons with disabilities. The examination rooms in Québec City and Montréal have either an access ramp or an elevator. The other locations where monthly AMF examinations are held also have these accessibility features.

Features to facilitate study or concentration

The AMF administers its qualification examinations each week in its centres located in Montréal and Québec City, and once a month in other regions of Québec. Under current examination registration rules, candidates may write examinations over a maximum period of three months. Therefore, a candidate may choose to write one examination per week. This allows candidates, in particular those who have difficulty concentrating, to spread out their studies and examinations.

Additional information

For more information about AMF examinations and writing conditions, please contact the Co-ordinator, Examinations and Training Periods.

E-mail: qualification@lautorite.qc.ca
Québec City: 418-525-0337, ext. 4718
Montréal: 514-395-0337, ext. 4718
Toll-free: 1-877-525-0337, ext. 4718

I declare that I have read the above information. ☐ Yes ☐ No

Signature of physician or authorized professional

Date: ____ / ____ / ____
year month day

**PART 6 – RECOMMENDATIONS FOR ACCOMMODATION
(TO BE COMPLETED BY THE PROFESSIONAL – PLEASE WRITE LEGIBLY)**

The candidate identified in part 1 is requesting accommodation for writing the AMF qualification examinations, based on his or her functional limitations. In order to help the AMF identify and justify any accommodation, please describe your recommendation, based on the candidate's functional limitations, with respect to the issues below.

Your recommendation must include the information outlined in part 5 of this form. If necessary, attach additional pages.

Mobility/transferring

Describe your recommendation to accommodate the candidate's functional limitations related to his or her mobility.

Posture/sitting

Describe your recommendation to accommodate the candidate's functional limitations related to his or her posture. (e.g., The candidate cannot remain seated for more than 30 minutes because of a spinal fracture.)

Reading/vision

Describe your recommendation to accommodate the candidate's functional limitations related to his or her reading skills.

Writing/holding a pencil

Describe your recommendation to accommodate the candidate's functional limitations related to his or her ability to provide written answers to examination questions (e.g., blackening a circle).

Hearing/listening

Describe your recommendation to accommodate the candidate's functional limitations related to his or her hearing.

Mathematics/performing calculations using a calculator

Describe your recommendation to accommodate the candidate's functional limitations related to performing the required mathematical calculations.

Concentration/memory

Describe your recommendation to accommodate the candidate's functional limitations related to his or her concentration or memory skills when writing examinations.

Eating/drinking

Describe your recommendation to accommodate the candidate's functional limitations related to eating or drinking during the examination session.

Prescription medication

Is medication prescribed for this functional limitation? If so, indicate which medication, how long the candidate has been taking it and the dosage.

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I declare that the information in this form is accurate.

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Website: www.lautorite.qc.ca