

Consent to the disclosure of accommodation requirements to the University of Ottawa Faculty of Medicine Student Accommodation Committee (SAC)

I _____, of _____,
(name in print) (city)

hereby consent to the disclosure of my accommodation requirements to the University Of Ottawa Faculty of Medicine's Student Accommodation Committee (SAC). I will be assigned a random SAC student number, and will not be identified otherwise to the members of the Committee at large.

I am aware that the membership of this committee consists of:

- the Chair of the Accommodation Committee,
- the Vice-Dean, Undergraduate Medical Education (non-voting);
- the Vice-Dean, Postgraduate Medical Education;
- the Assistant Dean, Student Affairs;
- the Director of Faculty Wellness;
- the Faculty Ethicist;
- a representative from SASS – Academic Accommodations;
- a Counsellor from the Student Affairs Office (non-voting);
- The Supervisor of Academic Services in Pre-Clerkship and the Supervisor of Academic Services in Clerkship (non-voting).

I understand that the process of an accommodation is designed to assist me to meet my academic goals and that the committee will guard my confidentiality and will respect my individual circumstances at all times.

The information to be shared with the full Accommodation Committee is limited to *:

- My SAC random student number (different than my student ID number) and graduation year
- The reason for my accommodation request:
 - Non-academic: Religious, physical accessibility or need, other...
 - Academic: Learning disability, mental health or physical disability
- A description of the accommodation requested
- My participation in the Faculty Wellness program and/or OMA Physician Health Program (PHP)
- Summary of recommendations by Student Academic Success Service (SASS), if applicable
- Supporting functional limitations related to the diagnosis, goal(s) of the accommodation and recommendations from expert opinion or assessment (extracted from the documents, which are not shared with the full committee).

However I understand that:

- 1) It is the role of the Student Accommodation Committee to determine if the requested accommodation will permit me to meet my educational goals while continuing to meet academic and technical standards as stated in the Council of Ontario Faculties of Medicine Policy document titled *Essential Skills and Abilities Required for the Study of Medicine*.
- 2) Requests for accommodation cannot be presented at the Student Accommodation Committee until all appropriate supporting documentation is submitted.
- 3) I am required to provide necessary supporting documents to the Accommodation Counsellor for the Student Affairs Office (SAO) and/or the Assistant Dean, Student Affairs **a minimum of 6 weeks** prior to the expected start of the accommodation.

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- 4) In the course of the medical studies, particularly for clerkship, the goal of the accommodation may change. I understand that I am responsible for initiating the process for review of accommodation and possible amendments to the accommodation well in advance of the beginning of the clerkship.
 - 5) In case of request for academic accommodation relating to a **learning disability**, a current psycho-educational assessment must be provided, stating the type of learning disability, functional limitations, goal of accommodation and recommendation on methods for accommodation.
 - 6) In case of request for academic accommodation relating to **other physical or mental disability**, the SAO medical certificate filled by a physician with appropriate expertise must be provided, stating the nature of the disability, functional limitations, goal of accommodation and recommendation on methods for accommodation.
 - 7) The Student Accommodation Committee may from time to time request further information or further assessments in order to best meet my accommodation needs. The Committee may amend suggested recommendations, approve fully or decline the accommodation request.
 - 8) Following approval by the Student Accommodation Committee, only the student's name, the year of study and the approved accommodations will be sent to the Student Promotions Executive Committee (SPEC).
 - 9) Any request for Academic Accommodation that has been approved by the SAC is not granted until approved by SPEC at its next meeting. This committee may also request more information, approve with amendments, approve fully or deny the request. The membership of the Student Promotions Executive Committee consists of:
 - The Vice-Dean, Undergraduate Medical Education (co-chair, non-voting member);
 - The Assistant Dean, Academic Affairs, Undergraduate Medical Education (co-chair);
 - Assistant Dean, Student Affairs, upon request from student for advocacy (non-voting member);
 - the Director of Clerkship, Anglophone stream;
 - The Director of Clerkship, Francophone stream;
 - The Director of Pre-clerkship, Anglophone stream;
 - The Director of Pre-clerkship, Francophone stream;
 - The Director of Evaluations;
 - Two (2) faculty members at large (nominated by the Faculty Nomination Committee)
 - The UGME Director of Professionalism;
 - The Supervisor of Academic Services in Pre-clerkship (non-voting);
 - The Supervisor of Academic Services in Clerkship (non-voting).
 - 10) For any Accommodation required during clerkship, the description of the granted accommodation will be sent to the Director of Clerkship. This will then be conveyed to the involved Rotation Supervisors.
- I understand that all my information is confidential and remains in a locked file in the Student Affairs Office. Disclosure is required by law in situations involving:
- Reasonable grounds to believe that there is a risk of imminent harm to you or specifically identified others and/or the abuse of children;
 - Reasonable grounds to believe that a member of a regulated health profession has sexually abused a patient;

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- A court order.
- I understand that this information is not to be released without my written consent
- I consent that my information, as described in paragraph 4*, be provided to the full Student Accommodation Committee for the purpose of discussion and recommendations.

Signature of student

Signature of Student Affairs representative

Dated the _____ day of _____, 20_____