# About the Ontario Clinical Exam (OCE)

The College of Physiotherapists of Ontario is the regulatory body for the province’s physiotherapists. As a part of our regulatory mandate, we administer an entry to practice examination, known as the Ontario Clinical Exam (OCE).

The OCE is a virtual structured interview exam that candidates have a maximum of three hours (180 minutes) to complete. The exam is delivered through a web based online exam platform. Candidates are presented with two cases (Part 1) and 11 vignettes (Part 2) in both a written and audio format on the exam platform. Two examiners will then ask questions verbally, and candidates will provide their response verbally as well. Candidates are provided with [technology requirements](https://www.collegept.org/docs/default-source/ontario-clinical-exam/candidate-technology-requirements.docx?sfvrsn=2758dda1_10) and [room requirements](https://www.collegept.org/docs/default-source/ontario-clinical-exam/oce-room-set-up-requirements.docx?sfvrsn=6829dca1_20) that outline the required set up for exam day.

There are no scheduled breaks during the exam. Candidates who decide to take a break during the exam or go to the washroom can do so but the exam clock continues. Candidates are allowed to stand and stretch during the exam as long as they stay in the room, their camera stays on, and they remain in view of the examiners.

All candidates are allowed the following items during the exam:

* One, single-sided white board to take notes using dry erase markers (notes can also be typed in the exam delivery platform)
* Medication
* Snacks
* Drinks

Candidates do not require an accommodation for:

* Medical devices (i.e., continuous glucose monitor, Cochlear implants, insulin pump, hearing aid\* etc.)
* Personal assistive devices such as a walker, cane, wheelchair, or crutches
* Ergonomic devices such as a footrest, laptop or screen stand, external ergonomic keyboard, mouse

\*Bluetooth or unwired headsets are **not allowed** to be used during the exam. If the computer or laptop must connect to their hearing aids through Bluetooth, please complete [**Form B**](#_Form_B:_Other) and submit it to the Exams team.

# OCE Testing Accommodation

The College of Physiotherapists of Ontario (CPO) is committed to providing an equitable and accessible experience for all candidates. We strive to reduce barriers for candidates by allowing candidates to request supports and/or accommodations as they complete their exam. Accommodations may include, but are not limited to, extra time, timed breaks, access to apps on a smartphone to pair with a medical monitoring device (insulin pump), etc.

**If additional time is required to complete the exam due to an acute or chronic condition, the appropriate health care provider must complete Form A.**

* For time-based accommodations, Form A must be completed by the candidate’s health care provider and submitted by the candidate to the CPO’s exam team. For the form to be valid, the assessment date or last appointment with the health care provider must be within one year from submitting the OCE application.

**If the accommodation is not for time-based reasons (i.e., no additional time or breaks are needed), the candidate can complete Form B and submit directly to the CPO exam team.**

Candidates may submit additional documentation such as previously granted accommodations by a university, other academic program, examination body, workplace, or psychoeducation reports with the Accommodation Form their health care provider has completed.

Candidates requesting accommodation will be contacted by an Exam Coordinator and a formal written accommodation plan will be developed with the candidate outlining the specifics of their accommodation. Relevant information will be provided to the assigned examiners; however, specifics of the candidate’s accommodation are not shared.

# Form A: Time Accommodation

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| --- | --- |
| **Candidate Information** | |
| Full Name |  |
| Date of Birth |  |
| Canadian Alliance Number |  |
| Phone Number |  |
| Email |  |

**The following information MUST be completed by the health care provider**

|  |  |
| --- | --- |
| **Healthcare Provider Information** | |
| Full Name |  |
| Registration Number |  |
| Regulatory College/Association |  |
| Business Address |  |
| Phone Number |  |
| Email |  |

|  |  |
| --- | --- |
| **Assessment Information** | |
| Length of Relationship  with the Candidate |  |
| Date of Assessment (mm/dd/yyyy) or last visit |  |

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| **Summary of Assessment Findings related to the accommodations being requested:** |
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| **How could the Assessment Findings impact the candidate as they complete the OCE?** |
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# Accommodation Information (To be completed by the health care provider)

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| **Additional time – specify percentage of additional time required:**  Candidates who request additional time will have their OCE split into two sessions, completed on the same day. Candidates will complete part 1 (cases) in the morning session and part 2 (vignettes) in the afternoon session. Candidates will have a lunch break in between part 1 and part 2 of the exam. This lunch break will be a minimum of 45 minutes. How much additional time will this candidate require in addition to the  lunch break? |
| * 25% more time (additional 45 minutes) * 50% more time (additional 90 minutes) * 100% more time (additional 180 minutes) * Other \_\_\_\_\_% (additional \_\_\_\_\_ minutes) |
| **Reasons for the additional time:** |
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| **Breaks during the exam:**  If the candidate requires additional break times in addition to the lunch break, specify the frequency of breaks and the amount in minutes. The candidate’s camera must always stay on. The candidate should remain on screen (unless they are using the restroom or for lactation purposes). |
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| **Reasons for breaks:** |
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| **Other OCE requirements:** |
| * Written exam material specifications (identify if a different font and/or font style, or spacing is required) * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \*\*The OCE is a remote, virtual exam. We are unable to support printed exam content virtually. |
| **Reasons for other OCE requirements:** |
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*I understand that by submitting and signing this accommodation form, I am consenting to the College of Physiotherapists of Ontario receiving and sharing information with the appropriate heath care provider referenced in this form.*

*I understand that by signing this accommodation form, I am confirming the accuracy of all information provided and consent to the College of Physiotherapists of Ontario contacting me, if required.*

Health Care Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The candidate is responsible for submitting all documentation to:** [**exam@collegept.org**](mailto:exam@collegept.org)

# Form B: Other Accommodation

|  |  |
| --- | --- |
| **Candidate Information** | |
| Full Name |  |
| Date of Birth |  |
| Canadian Alliance Number |  |
| Phone Number |  |
| Email |  |

**Accommodation Description**

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| **Religious Accommodation**  Candidates are permitted to wear religious coverings during the exam without accommodation.  Please describe the specifics of any other required accommodation: |
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| **Lactation Accommodation**  Please describe the specifics of the required accommodation: |
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| **Accommodation for Device Use**   * *Phone*: Candidates are required to have a cell phone in their exam room, on silent and out of their reach. If you require access to certain apps that monitor medical devices (i.e., glucose monitor or insulin pump) please identify the accommodation you would need below to monitor and manage your medical condition during the exam. * *Bluetooth Hearing Aid*: If you require wear hearing aids that connect via Bluetooth to your computer or laptop, please add this information below along with any other information required to support you during your exam. Additionally, if you require additional time, you will need to have the appropriate health care provider complete **Form A.**   Please describe the specifics of the required accommodation: |
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| **Other accommodation not listed:** |
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*I understand that by signing this accommodation form, I am confirming the accuracy of all information provided and consent to the College of Physiotherapists of Ontario contacting me, if required.*

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The candidate is responsible for submitting all documentation to:** [**exam@collegept.org**](mailto:exam@collegept.org)