

BRE Global	BRE Academy USA Form	Doc. No: BF2052 Rev. No: v0.1 Issue Date: 8 Jul 2021
Professional Evaluation Form for Training and Examination Accommodation Requests		

Candidate Authorization

I, _____ hereby authorize
(printed name of the candidate)

(printed name of the person or facility)

to release the medical information and documentation requested by BRE Academy USA relating to my disability(ies) and the accommodation(s) I am requesting in connection with my participation in the following training course and/or examination:

(print title of the course)

Candidate's Signature: _____

Date: _____

For the Health Care Professional

It is BRE Academy USA policy to provide reasonable course and testing accommodations to candidates with documented disabilities. Examples of course or testing accommodations include, but are not limited to:

- Large-print exam booklets, program documents, and presentation slides;
- Printed copies of spoken presentations or exam instructions;
- Seating near the front of the training room;
- Extended testing time;
- Extra breaks (e.g., to take medication(s), eat, or go to the restroom);

- Special equipment or furniture;
- Permission to bring additional supplies into the testing room (e.g., food, drink, or medication(s));
- Scribes to record answers on exam answer sheet(s); and,
- Oral or sign language interpreters.

The candidate identified above is requesting accommodation(s) in connection with a training course and/or examination offered by BRE Academy USA. For candidates who do not have documentation of past course or testing accommodations related to their current functional limitation(s), BRE Academy USA requires documentation from a qualified health care professional regarding the nature of the candidate's disability(ies), the candidate's functional limitation(s) as a result of that disability(ies), and the candidate's need for the specific accommodation(s) requested given the format and location of the course and/or examination. The candidate above is requesting that you provide such documentation on his/her behalf.

Descriptions of the format of BRE Academy USA training programs are provided in the Appendix hereto to help you determine what specific accommodation(s), if any, are appropriate for the candidate identified above. **Please complete this form and submit it directly to BRE Academy USA by e-mail at BREAcademy@bregroup.com, or by post to BRE Academy USA, ATTN: Training Accommodations, 535 Mission Street, Floor 14, San Francisco, CA 94015.** If you have any questions, please contact the BRE Academy USA at the above email address.

Health Care Professional Information

Name:	
Title and Occupation:	
Full Address:	
Phone:	
Email:	

Are you licensed or certified in an area that allows you to medically identify the candidate's disability(ies) and resulting functional limitation(s)?

☐ Yes ☐ No

If so, in what jurisdiction are you licensed/certified?

If you are not licensed/certified, what credentials or qualifications allow you to medically identify the candidate's disability(ies) and resulting functional limitation(s)?

Information Regarding Candidate's Disability

What is the nature of the candidate's disability(ies)? (e.g., physical, visual, cognitive, psychological, hearing, etc.)			
What functional limitation(s) does the candidate have as a result of his/her disability(ies)?			
How will the candidate's functional limitation(s) impair his/her ability to take the selected BREEAM USA course and/or examination?			
In the last five (5) years, has the candidate been provided accommodation(s) in education or employment related to his/her current disability(ies)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why is an accommodation now being requested for this course and/or examination?			
Have you personally examined the candidate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when did you personally examine the candidate?			

Recommended Accommodation(s)

Please provide a description of the specific training course and/or examination accommodation(s) you are recommending:

Please explain why the candidate needs the specific accommodation(s) you are recommending (i.e., the connection between the candidate's disability(ies) and the requested accommodation(s)):

Health Care Professional Declaration

I certify that all of the information on this form is true and correct to the best of my knowledge and belief.

Signature:

Name (please print):

Date:

Appendix

Description of Courses and Examinations Offered by BRE Academy USA

BREEAM USA In-Use Assessor Training

Course	Examination
<p>The BREEAM USA In-Use Assessor Training course consists of two parts:</p> <p>1. Online Learning</p> <p>The learning is provided online. There are handouts and documents for the candidate to read independently prior to attending the classroom training.</p> <p>2. Classroom Training</p> <p>The classroom training is delivered virtually in one 4-hour session.</p> <p>During the training, the trainer uses presentation slides shared through either Microsoft Teams or GoToMeeting platforms. Candidates are also provided print outs of the slide deck. The candidates are encouraged to bring copies of the program documents, available on the BREEAM USA website, to reference during the training. There are some sections of the training during which the candidates collectively are asked questions and engage with the trainer and each other.</p>	<p>Within 72 hours of the completing the course, candidates are provided a code to book their exam with ProctorU, an online live proctoring service. The exam is administered through our online learning management platform, Moodle.</p> <p>The examination is open book and consists of 25 multiple choice questions. The candidates have 90 minutes to answer the questions. Candidates record their responses to the questions in Moodle, the online learning platform.</p> <p>Candidates are provided with an electronic copy of the appropriate Technical Manuals. They may use any handwritten notes or other printed documentation but cannot use any other electronic-based information.</p> <p>A calculator that is not on a mobile phone or other electronic device is required to take the exam. No other electronics are not allowed in the exam room.</p>

BREEAM Advisory Professional (AP): Operations Training

Course	Examination
<p>The BREEAM USA In-Use Assessor Training course consists of two parts:</p> <p>1. Online Learning</p> <p>The learning is provided online. There are handouts and documents for the candidate to read independently prior to attending the classroom training.</p> <p>2. Classroom Training</p> <p>The classroom training is delivered virtually in one 4-hour session.</p> <p>During the training, the trainer uses presentation slides shared through either Microsoft Teams or GoToMeeting platforms. Candidates are also provided print outs of the slide deck. The candidates are encouraged to bring copies of the program documents, available on the BREEAM USA website, to reference during the training. There are some sections of the training during which the candidates collectively are asked questions and engage with the trainer and each other.</p>	<p>Within 72 hours of the completing the course, candidates are provided a code to book their exam with ProctorU, an online live proctoring service. The exam is administered through our online learning management platform, Moodle.</p> <p>The examination is open book and consists of 25 multiple choice questions. The candidates have 90 minutes to answer the questions. Candidates record their responses to the questions in Moodle, the online learning platform.</p> <p>Candidates are provided with an electronic copy of the appropriate Technical Manuals. They may use any handwritten notes or other printed documentation but cannot use any other electronic-based information.</p> <p>A calculator that is not on a mobile phone or other electronic device is required to take the exam. No other electronics are not allowed in the exam room.</p>