



Quality Assurance Program Barriers to Compliance

This form is designed to identify factors that contributed to a Registrant's ability to meet Quality Assurance Program (QAP) requirements, and to develop a plan to support compliance with QAP requirements in the future. Your responses will be used by the Quality Assurance Committee (QAC) to understand your situation and determine a course of action related to your request for exemption. All information will be confidential and solely used to assess compliance barriers for the QAP. Once completed, please return this form to qap@cmo.on.ca.

Personal Profile

Name: _____ Registration #: _____

1. Number of months registered in the general or supervised practice class from October 1, 2021 to September 30, 2024 (anticipated) _____
2. If you completed any QAP activities (learning activities, case reviews, etc.) at any time during the reporting cycle, please describe them here:

3. Reasons for non-compliance

Please state your reasons for non-compliance with the QAP.



Barriers to successful completion

Please list any barriers that prevented the successful completion of your QAP requirements. Please note that no personal or medical information is required, only details about what aspects of the QAP you feel are beyond your capacity to complete. (For example: *Due to my disability, I struggle to navigate the various forms required to complete the Learning Plan, or I require support in selecting appropriate learning activities to meet my goals or I will be unable to complete any professional development from {date-date} as I will be on Parental Leave*).

1. _____

2. _____



3. _____

Barriers and request for accommodation for successful QAP completion

Please reflect on the barriers identified above and provide any request for accommodation to help ensure you meet your QAP requirements in the future. Please do not provide private medical details, this form is meant to establish routes to accommodate and support you in completing elements of the QAP.

(For example: *Barrier – Learning Disability. How this barrier influenced my ability to complete the QAP requirements – I struggle to complete open-ended forms. Accommodation request – Assistance by videoconference to complete the Learning Plan*).

BARRIER #1	
How this barrier influenced my ability to complete my QAP requirements	
Request for accommodation	
BARRIER #2	
How this barrier influenced my ability to complete my QAP requirements	
Request for accommodation	



BARRIER #3	
How this barrier influenced my ability to complete my QAP requirements	
Request for accommodation	

Additional information

Please provide any additional information related to your application for exemption, or your reasons for non-compliance with the QAP. This information will be used for consideration of your request by a panel of the Quality Assurance Committee.

Member Signature: _____ Date: _____