



Physician Associate National Examination

Mitigating Circumstances Request Form

Please complete this form if you are seeking a request for a deferral of entry to an examination.

This form should also be used if you are advising the FPA National Examination Sub-committee that your performance in an assessment or an examination has been adversely affected by mitigating circumstances.

Please complete this form in full and return it with appropriate supporting documentation to the FPA. You should ensure that this form has been acknowledged and formally receipted e.g. via email.

Section 1: Candidate Information	
Name and Address:	Candidate Number:
	Date of the exam:
Contact Telephone Number and email address:	
Section 2: Nature of request	Tick Box
Personal Illness or Accident A short-term illness or accident which is likely to have a significant effect on preparation or performance.	
Death of close relative or friend Loss of a person very close to you. This usually means a parent, sibling or person with whom you live. Death of grandparents, aunts and uncles will only be considered in exceptional circumstances.	
Illness of close relative or friend Serious illness of a person very close to you. This usually means a parent, sibling or person with whom you live. It would be most unusual for grandparents, aunts, uncles or other friends to be included.	
Personal or other circumstances Very serious personal or other unforeseeable circumstances which are likely to have a significant effect on preparation or performance.	



Royal College
of Physicians

Faculty of
Physician Associates

Section 3: Supporting Statement Please explain the **nature** and **impact** of your mitigating circumstances.



Section 4: Supporting Documentation

Please attach supporting documentation to corroborate your mitigating circumstances to this form. If no corroborative documentation is available, please indicate below when you will be able to provide this documentation, or explain below why you are not able to do so.

Section 5: Details of Examinations affected/missed

Examination Name	Assessment Element	Date of Exam	Did you sit the exam?
			Yes / No
			Yes / No
			Yes / No

I wish the National Examination Sub-committee to take into account my application for mitigation in relation to the above exam(s). The National Examination Sub-committee will decide whether the mitigating circumstances should be accepted or not.

1. I understand that if the National Examination Sub-committee decides to offer me a “special examination” (deferred examination), I have an obligation to make myself available for that special/deferred assessment/examination.

I declare the information I have given to be true, and understand that the National Examination Sub-committee regards the submission of a false application for mitigation as a very serious disciplinary offence.

Section 6: Signature of Candidate

Date:

FOR OFFICE USE ONLY

Date form received :

_____ / _____ / _____

Date evidence supplied :

_____ / _____ / _____

National Examination
Subcommittee members :

Mitigating Circumstances :

Approved / Not Approved