



## ADA ACCOMMODATION REQUEST FORM

NCCHC strives to provide an equal testing opportunity for all candidates. The purpose of any testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factors that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). NCCHC will make every reasonable effort to accommodate candidate requests. However, because NCCHC offers exams in numerous environments outside of its control, NCCHC cannot guarantee the fulfillment of any or all specific elements of each accommodation request. For example, a quiet room request may be made for an exam at an NCCHC Conference, but because NCCHC ultimately cannot control the noise level of the venue, soundproofing of the rooms, volume of neighboring rooms, etc., it cannot guarantee this request will be honored. Similarly, NCCHC cannot guarantee additional time, no distractions, or similar requested accommodations at locations not under the control of Prometric or NCCHC. Please keep this in mind when making any request for accommodation.

We ask all candidates requesting an accommodation to take the time to carefully complete this packet before submitting their request. A completed Accommodation Request Packet includes the Candidate Accommodation Request Form, the Professional Evaluation Form or Acceptable Existing Documentation (see below for examples), and any additional information or documentation requested by NCCHC in order to evaluate an accommodation request. A complete packet will allow NCCHC to assist the candidate in arranging the best accommodation possible for the situation. **We are unable to process incomplete accommodation requests.**

**Please note this application is valid for one year from the approval date. If you wish to test with accommodations after your approval expiration date, you must resubmit a new application for processing.**

*Approved accommodations will be arranged as quickly as possible and at no extra charge to the candidate. Accommodation requests must precede exam registration. If accommodation requests are made after registering with Prometric, candidate may be responsible for payment of Prometric's reregistration fee.*

1. All Prometric and NCCHC Conference test sites are wheelchair accessible. No request for wheelchair accessibility is required for these sites. If you require accommodation for a wheelchair at other test site locations, please make a request.
2. Generally, you **MUST EITHER** have an appropriately licensed professional (an internist, for example, is not appropriate to diagnose a mental disorder or reading disability) complete the attached Professional Evaluation Form **OR** have provided Acceptable Existing documentation (if available).

Examples of types of acceptable existing documentation include:

- Acceptable Existing Documentation (if available). Examples of types of acceptable existing documentation include:
- Recommendations of qualified professionals;
- Proof of past testing accommodations;
- Observations by educators;
- Results of psycho-educational or other professional evaluations;
- An applicant's history of diagnosis; and

An applicant's statement of his or her history regarding testing accommodations.

3. We can **NOT** make any accommodations of a "personal or physical nature" (lifting or feeding, for example). Personal assistants may help set up an individual to test, but are generally not permitted to stay with the candidate in the testing room. This does not include an accommodation request for a Reader or Recorder, which will be approved with the proper documentation.



## CANDIDATE ACCOMMODATION REQUEST FORM

Candidate Name \_\_\_\_\_

Address: (City, State, ZIP) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Other Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of the Exam(s) Requested \_\_\_\_\_

Exam Site Requested \_\_\_\_\_

Earliest Date You Are Available to Test \_\_\_\_\_

Describe your Disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Testing Time (Choose One)

☐ Thirty minutes ☐ 50% (time and one-half) ☐ 100% (double time)

### Assistance

☐ Reader ☐ Recorder of answers ☐ Sign Language Interpreter (For spoken directions only)

☐ Dragon Naturally Speaking ☐ JAWS ☐ Keyboard only

☐ Larger font (printed exams only) specify minimum size: \_\_\_\_\_

☐ Other \_\_\_\_\_

Additional Comments (For example: "Will need to bring a nurse assistant."): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Some accommodations may require three weeks or longer. Where additional exam time is requested, you must provide details as to the severity of the condition and an explanation as to why the candidate condition supports the request for additional time.

### Please Read and Sign:

I authorize release of the attached forms and supporting documentation, if any, to NCCHC staff to review and arrange the requested accommodation.

I give my permission for my diagnosing professional to discuss with NCCHC staff my records and history in as much as they relate to the requested or suggested accommodation.

I understand and agree that NCCHC staff may provide my records to an appropriate professional selected by NCCHC for an independent evaluation relating to my request.

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



## NCCHC LICENSED PROFESSIONAL EVALUATION FORM

*To Be Completed Only By A Licensed Professional*

To the Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in your professional capacity, you have worked with the candidate in dealing with the disability documented on the following page. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate's ability in a licensure exam.

The purpose of any testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). **Our intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.**

Please call us if you have any questions at 1-773-880-1460 ext. 297 regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. Finally, NCCHC is unable to accommodate a request for "unlimited time." If extra time is needed, please specify the amount.

Exam Candidate Name:

Licensed Professional (Please Print your Name): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Board Certification: \_\_\_\_\_

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_

\*Candidate's diagnosis and your recommendation on back page (Attach additional pages if needed.)



## LICENSED PROFESSIONAL EVALUATION

*To Be Completed Only By A Licensed Professional*

Exam Candidate Name: \_\_\_\_\_

Diagnosis: (Note: mental and emotional disabilities must include diagnosis code from DSM-III-R, DSM- IV, or DSM-5.)

I have known (candidate) \_\_\_\_\_ since (date) \_\_\_\_\_  
in my capacity as a \_\_\_\_\_. The candidate has been diagnosed with the following  
disability. Please provide historic details on the candidate's condition(s).

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The candidate or NCCHC staff has discussed with me the nature of the test to be administered. It is my opinion that because of the candidate's disability, the candidate should be accommodated by NCCHC with the following accommodations. **(Please include explanation for the accommodation.)**

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Signature of Licensed Professional: \_\_\_\_\_

Licensed Professional's Name (*printed*): \_\_\_\_\_

Licensed Professional's Title: \_\_\_\_\_