

## SPECIAL TESTING ACCOMMODATION POLICY

CERTIVATION complies with the Americans with Disabilities Act (ADA) of 1990, including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations. To ensure equal opportunity for all qualified persons, CERTIVATION will make reasonable accommodations for applicants with disabilities. Applicants are responsible for any costs incurred in obtaining the required diagnosis and recommendation. The purpose of test accommodations is to provide all candidates with full access to the test. However, test accommodations are not a guarantee of improved performance or test completion. CERTIVATION and the QPPI Certification Board will provide reasonable and appropriate test accommodations to individuals with documented disabilities who demonstrate a need for test accommodations.

Test accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of test accommodation (e.g. extra time) would necessarily be appropriate for all individuals with disabilities. Simply demonstrating that an individual meets diagnostic criteria for a particular disorder does not mean that the person is automatically entitled to test accommodations.

Applicants who wish to do so must (1) indicate on their application they are applying for special testing accommodations and (2) submit the completed Special Testing Accommodation Request form with the required documentation.

A licensed professional, i.e. physician, psychologist, psychiatrist must complete the Professional Evaluation section. The documentation requires a clear explanation of the current functional limitation and a rationale for the requested accommodations.

Certificants, who received testing accommodations on previous certification exams, will receive the same accommodation previously provided. However if additional testing accommodations are required, certificants must follow the requirements for requesting testing accommodations as First-Time Applicants.

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# APPLICATION FOR SPECIAL TESTING ACCOMMODATIONS

## SECTION A: TO BE COMPLETED BY APPLICANT

Fill out Section A and send it to your healthcare professional. When this form has been returned to you, include it in your application packet. Be sure all sections are completed before submitting this form.

LEGAL NAME

DAYTIME PHONE NUMBER

MAILING ADDRESS

COUNTRY

EMAIL

### SPECIAL TESTING ACCOMMODATIONS REQUESTED *(check all those that apply)*

SCRIBE

READING

EXTENDED TESTING TIME

ENTER HOURS REQUESTED

OTHER SPECIAL ACCOMMODATIONS *(please specify)*

### RELEASE OF INFORMATION

By signing below, I am confirming that the symptoms are not due to other conditions, such as an emotional disorder, physical disorder, English-as-a second-language (ESL) factors, or lack of appropriate instruction

APPLICANT SIGNATURE

DATE

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## SECTION B: TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

This section is to be completed by an appropriate healthcare professional (i.e. physician, psychologist, or psychiatrist).

PROFESSIONAL NAME

DAYTIME PHONE NUMBER

EMAIL

ADDRESS

LICENSE NUMBER

STATE OF LICENSE

### DESCRIPTION OF DISABILITY

I have evaluated the above-identified applicant on *(dd-mmm-yyyy)* in  
my capacity as a *(title)* By signing  
below, I am confirming it is my opinion that, because of this applicant's disability described  
below, he/she should receive the special testing accommodations listed above. Additionally I  
am confirming that the symptoms are not due to other conditions, such as, English-as-a  
second-language (ESL) factors, or lack of appropriate instruction.

**PROFESSIONAL SIGNATURE**

**DATE**

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