Application for Testing Accommodations

To request test accommodations for a disability covered by the *Americans with Disabilities Act of 1990* (ADA):

1. Complete this form in full. Read and sign the Authorization (Part 5) below.
2. Be sure that:
   - Your documentation includes the information listed in Part 2 of this application.
   - If applicable, include supporting documentation (e.g., records or prior testing accommodations, qualified professional reports, etc.) with this application as necessary to support your request.
   - You include documentation of your functional impairment to support your need for any accommodations requested.
   - All information you submit is typed or printed. Material from evaluators must be on official letterhead.
   - All documents are in English. You are responsible for providing certified English translations of any foreign-language documentation.
   - Each section in your application is completed. An incomplete application may result in processing delays.
3. Send your completed CCO Application for Testing Accommodations and supporting documentation to CCO, via email or mail at least four (4) weeks prior to your testing date, to:

   CCO
   ATTN: Testing Accommodations
   990 W. Bellwood Lane, Suite 100
   Murray, UT 84123
   testing.accommodations@cccocert.org

4. After submission, we may require additional information from you. If so, please provide that information promptly to avoid any delay in processing your accommodations request.
5. Your supporting documentation and Application will be reviewed by an expert consultant to provide recommendations to CCO based on the nature of the disability and the specific testing accommodation(s) requested; however, the final decision for accommodations resides with CCO. All information provided will remain confidential.
6. If we approve you for accommodations, we will arrange approved accommodations with the testing location in advance so they are prepared to accommodate you. You should also bring a copy of the letter from us approving your accommodations. Please be advised that approved written testing accommodations can only be provided through Test Center Testing (TCT). This is the exclusive modality through which CCO provides accommodations for written exams

Applicants for ADA accommodations must comply with the applicable exam registration deadlines. However, applicants are encouraged to submit their application and documentation as early as possible to allow ample time for consideration of the request. Requests may take up to four (4) weeks.

PLEASE NOTE THAT INCOMPLETE DOCUMENTATION MAY DELAY OR EVEN PREVENT THE PROCESSING OF YOUR REQUEST

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PART 1.

SECTION A. BIOGRAPHICAL INFORMATION

FULL LEGAL NAME First	Middle	Last	Suffix (Jr., Sr., III)

DATE OF BIRTH	CCO CERTIFICATION NUMBER (IF AVAILABLE)	CANDIDATE ID (IF AVAILABLE)

MAILING ADDRESS			

CITY	STATE	ZIP	COUNTRY

PHONE (HOME)	PHONE (CELL)	EMAIL

I request CCO communicate with me via: ❑ Postal mail ❑ Email

By providing contact information for someone other than yourself, you authorize CCO to communicate with the third-party regarding your disability and this application for testing accommodations.

SECTION B. CCO EXAMS

For which examination(s) are you requesting test accommodations (e.g., TLL, TSS, LBC, RIG-I, etc.)?

_____

_____

_____

SECTION C. NATURE OF DISABILITY

Indicate the nature of your asserted disabling impairment, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

Disabling Impairment:

- ❑ Vision
- ❑ Hearing
- ❑ Physical Impairment
- ❑ ADD/ADHD
- ❑ Learning/Reading Disorder (e.g., dyslexia)
- ❑ Intellectual Disability (e.g., IQ in 5th percentile or below)
- ❑ Other Neurological/Psychological Disorders (e.g., autism, schizophrenia)
- ❑ Other disability covered by the ADA (Specify: _____)

Date first diagnosed: _____ ***Please provide documentation from provider, if available.***

Date of most recent evaluation:_____ ***Attach documentation of most recent evaluation, if available.***

PART 2.

SECTION A. DOCUMENTATION—GENERAL

You must submit adequate evidence of a disability to receive necessary testing accommodations. The type and amount of documentation that you must submit will depend on the nature of the disability and the specific testing accommodation(s) requested.

Examples of types of documentation include:

- Proof of past testing accommodations (Section B & C);
- Recommendations of qualified professionals (Section D);
- Observations by educators;
- Results of psycho-educational or other professional evaluations;

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- An applicant's history of diagnosis; and
- An applicant's history of diagnosis; and
- An applicant's statement of his or her history regarding testing accommodations.

Your requests for testing accommodations and supporting documentation will be reviewed by an expert consultant, who may advise CCO on what type and amount of documentation is sufficient based on the nature of your disability and the specific testing accommodation(s) requested. In some cases, only one or two of the above types of documentation will be needed to determine the nature of the disability and the need for the requested testing accommodation. Adequate proof of past testing accommodations from a sufficiently similar testing organization (e.g., NCCCER) (Section B & C) is generally sufficient evidence of a disability. However, to ensure speedy processing, please provide CCO with all reasonably available documentation that you believe may be necessary to document your disability.

Please note that, as a rule, documentation submitted in support of a request for testing accommodations may not be more than **five (5) years old** for candidates seeking accommodations for mental or cognitive disabilities. Candidates seeking accommodations for any other current disabilities may submit evidence of that disability from a qualified professional who examined them for said disability at any time after reaching the age of 13.

SECTION B. PREVIOUS ACCOMMODATIONS FROM CCO

Have you received testing accommodations from CCO in the past **five (5) years?** ❑ Yes ❑ No

If yes, provide name of examination, test date, and date accommodation approval was received.

Do you currently have a need for testing accommodations for the ***same*** disability as previously approved? ❑ Yes ❑ No

If yes, describe the disability for which you previously received and currently seek testing accommodations from CCO.

Is your disability a physical or an obvious disability (as opposed to a mental or cognitive disability)? ❑ Yes ❑ No

If yes, describe the testing accommodation(s) previously provided by CCO for your physical or obvious disability.

Are you requesting the same testing accommodations for which you previously received approval? ❑ Yes ❑ No

If yes, describe the testing accommodation(s) previously provided by CCO.

If you checked "Yes" to all four (4) questions above, then you do not need to provide further supporting documentation under Sections C–E and you may proceed to Part 3. If you selected "No" for any of the four questions in Section B above, then you must respond to Sections C–E below.

SECTION C. OTHER PRIOR ACCOMMODATIONS

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Have you received testing accommodations from another testing organization in the last five (5) years? ❑ Yes ❑ No

If yes, provide name of examination, test date, and accommodations received.

Please provide documentation/verification sufficient to prove that you received such testing accommodations.

Have you received other formal or private educational accommodations in the last five (5) years? ❑ Yes ❑ No *If yes, provide name of school, applicable dates, and accommodations received.*

Please provide documentation/verification sufficient to prove that you received such educational accommodations.

Have you received workplace accommodations from your employer in the last five (5) years? ❑ Yes ❑ No

If yes, provide name of employer, applicable dates, and accommodations received.

Please provide documentation/verification sufficient to prove that you received such workplace accommodations.

If you are submitting documentation of previous testing accommodations, as a rule, records must be no more than five (5) years old and must show that you were approved for the requested accommodations.

SECTION D. QUALIFIED PROFESSIONAL VERIFICATIONS

If you do not have evidence of any prior testing or other accommodations within the last five (5) years, or if you wish to verify your disability with reference to a verification from a Qualified Professional, please have your doctor or mental health provider verify your disabling condition and need for testing accommodations.

This formal letter, report, or other appropriate provider record(s) and documentation must detail the following:

1. A specific diagnosis using professionally recognized criteria such as those from the ICD-10 or DSM-V (or most recent versions);
2. A detailed description of the individualized assessment of the candidate including, for example, observed signs, reported symptoms, and any objective test findings that support the diagnosed condition(s);
3. An explanation of the nature and degree of limitations in performing a major life activity (or bodily function) demonstrating that you have a limitation(s) which affect(s) your ability to take the certification examination; and,
4. Documentation proving the doctor or mental health provider is a "qualified professional" who is properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought. Such documentation may include information concerning the type of license(s) held and the state or jurisdiction in which the license was issued.

If you are submitting documentation from a qualified professional, as a rule, reports or appropriate records must be current and no more than five (5) years old. Reports or appropriate records must be on the provider's letterhead, dated, and signed.

SECTION E. OTHER TYPES OF DOCUMENTATION

If you do not have documentation under Section B, C, or D, or if you wish to verify your disability with reference to other or additional types of documentation, please include any relevant documentation demonstrating your disability and the current need

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for testing accommodations. A list of the various types of documentation can be found in Section A. As a rule, any documentation must be **no more than five (5) years old**.

PART 3.

ACCOMMODATIONS YOU ARE REQUESTING

Select all that apply:

- ❑ Reader to read test items
- ❑ Scribe to record responses
- ❑ Additional time (Specify amount: _____)
- ❑ Additional/extended breaks (Specify:_____)
- ❑ Separate testing room
- ❑ Enlarged font
- ❑ Other equipment or accommodation (Please explain: _____

_____

_____

_____

PART 4.

PERSONAL STATEMENT

In your own words, please describe how your disability currently limits any major life activities for you.

In your own words, please describe how your disability currently impacts your ability to take the examination at issue.

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PART 5.

ATTESTATION AND AUTHORIZATION

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge.

I hereby certify that I presently have a disability, as described above, that requires testing accommodations.

I agree to and hereby authorize the release of the above-referenced information and any supporting documentation to CCO and its expert consultants, for use in determining eligibility for the requested accommodation in testing.

I agree and consent to the release of this application and any supporting documentation in compliance with a subpoena or other legal obligation requiring its disclosure.

I understand that CCO reserves the right to verify any and all information in my application.

I further understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

Your request will be reviewed upon receipt of all relevant materials as described above.

You will receive a decision by written notification from CCO.

For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

All approved written testing accommodations will only be provided through Text Center Testing (TCT).

If you have any questions, please contact CCO Testing Accommodations at 703-560-2391 ext. 304 or testing.accommodations@ccocert.org.

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