The Americans with Disabilities Act (ADA) requires that reasonable accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person’s major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing). The Board will provide reasonable and appropriate accommodations to qualified candidates who have documented disabilities and demonstrate a need for accommodation during the examination.

To support a request for test accommodations, please complete and mail this form to the Board. Also, provide current (not more than 3 years old) written supporting documentation from a qualified health professional which addresses the issues listed below.

Applicant Name: ________________________________________________________

APPLICANT:

1. Specifically identify the physical or mental disability that you believe requires this accommodation:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Specifically describe the accommodation you seek:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
QUALIFIED HEALTH PROFESSIONAL:

1. Include a statement of the specific diagnosis of the disability.

2. Cite the diagnostic criteria and tests given, with dates, results and interpretations. Cite how the results support the diagnosis.

3. Describe the candidate’s functional limitations due to the disability, and the impact of those limitations on physical, perceptual and cognitive abilities.

4. Recommend specific accommodation(s) and for each accommodation, provide a rationale as to how it will reduce the impact of the functional limitation(s).

5. State your professional credentials, training, work experience and any licenses you hold that support your qualifications to diagnose and/or treat this candidate’s disabilities.

6. If no prior accommodations have been made for this candidate explain why. If they have - state what was done and provide past documentation of prior accommodations.