

Request for Accommodations under the Americans with Disabilities Act (ADA)

1. First Name: _____ MI: _____ Last Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Email address: _____

4. Telephone Number: _____

5. For which of the following exams are you requesting accommodations?

HCS-D ICD-10

HCS-O

HCS-H

HCS-C

6. Are you currently certified with a BMSC credential? Yes No

7. Nature of your disability: Hearing Learning Visual Psychiatric Physical

Other, please specify _____

8. How long ago was your disability diagnosed?

Less than 1 year 1–2 years 2–5 years Over 5 years

9. In order to fully document your need for accommodations, please include a brief personal statement describing your disability and its impact on your daily life and educational functioning.



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10. Have you previously received accommodations in any educational or testing situation? Yes No

If yes, please describe the accommodations received.

11. Which of the following accommodations are you requesting?

Separate testing room

Extended testing time

Reader

Screen magnifier/zoom technology

Other, please specify _____

I certify that the information provided above is true and accurate.

Signature: _____ Date: _____

Print Name: _____

Form B—Documentation of Disability-Related Needs

To the Professional:

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

The intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.

I have known _____ since (date)
_____ in my capacity as a _____.

Please include the following:

- Diagnosis codes from the ICD-10 Classification system (note: mental and emotional disabilities must include a diagnosis code from the DSM-IV)
- Description of the candidate’s disability and how the disability affects the candidate’s major life activities (for example: hearing, seeing, walking, talking, performing manual tasks, etc).
- Recommended accommodations

Signature: _____

Print Name: _____ Date: _____

Print Title: _____

License number: _____