

# Professional Credential Services, Inc.

## ADA Accommodations Request Form

Professional Credential Services (PCS) complies with the Americans with Disabilities Act of 1990. To ensure equal opportunity for all qualified applicants with disabilities, Professional Credential Services will not pay any costs the applicant may incur in obtaining the required evaluation, diagnosis, and recommendation. PCS, however, will pay for any reasonable accommodations that are approved and granted by the professional licensing board.

**NOTE:** This form must be submitted each time the applicant requests to take an examination.

### A. Biographical Information.

Please provide your name, address, telephone number and Social Security Number.

_____ First Name	_____ Middle Initial	_____ Last Name	_____ Other (Maiden)
_____ Date of Birth		_____ Social Security Number	
_____ Mailing Address (Street or PO Box)			
_____ City		_____ State	_____ Zip Code
_____ Telephone Number	_____ Fax Number	_____ Email Address	

### B. Examination Information.

Requested examination date: \_\_\_\_\_ Exam: \_\_\_\_\_

Requested examination location: \_\_\_\_\_

Have you previously taken this examination?  Yes  No

If yes, please provide: Date of last examination: \_\_\_\_\_

Location of last examination: \_\_\_\_\_

Were you provided special accommodations?  Yes  No

What is your requested accommodation? \_\_\_\_\_

### C. Information regarding disability.

Supporting documentation must be submitted with this form unless previously submitted to PCS. Please see guidelines on the next page.

Applicant must sign this form and submit it to:

PCS  
ADA Coordinator  
P.O. Box 198689  
Nashville, TN 37219-8689

For more information, call  
Toll free: 877-887-9727.

What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing)? \_\_\_\_\_

Will this disability require special accommodations in order for you to take the examination?  Yes  No

If yes, please describe on a separate sheet the special accommodations needed and include written documentation supporting the accommodation that you are requesting.

#### Supporting documentation must comply with the following:

- 1) Be on official letterhead from a licensed or certified health professional appropriate for diagnosing and treating the disability;
- 2) Make a recommendation for the specific accommodations with current, detailed documentation supporting the request;
- 3) Provide evidence that similar accommodations have been made for you in other educational or testing situations or in employment settings, or describe why no such accommodation was made in the past but is now required,
- 4) Be dated within the last three years; **AND**
- 5) Be received by the application deadline.

(PLEASE SEE OTHER SIDE)

## **Disability Documentation Guidelines**

These guidelines are developed to insure candidates are protected under Title II of the Americans with Disabilities Act of 1990. The Board will evaluate all requests for examination modifications to determine whether the applicant: 1) Has a disability, as defined by the ADA, and 2) are qualified for protection under Title II. Such modifications must maintain the psychometric nature and security of the examination. Exam modifications, which fundamentally alter the nature or security of the exam, are not permitted.

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, insure the submission of all information and documentation by the application deadline and in accordance with these guidelines.

Qualified individuals with disabilities are required to request accommodations every time they apply to take the examination by the application deadline for examination to which they are applying. This requirement allows the respective licensing board to determine if the individual is “disabled” under the Americans with Disabilities Act of 1990. It also provides enough time to arrange reasonable and appropriate accommodations and services before the administration of the examination. Consequently, it is in the candidates’ best interests to provide recent and appropriate documentation, which clearly defines the extent and impact of the impairment(s) upon current levels of academic and physical functioning.

- **Request for accommodations and appropriate, supporting documentation, which is complete, must be submitted by the application deadline for the state to which you are applying as a candidate.**
- **Documentation should provide evidence of a substantial limitation to physical or academic functioning.**
- **Clinical evaluations should be performed by a licensed or qualified professional (i.e. physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional’s area of specialization and professional credentials, including certification and licensure, should be provided.**
- **Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.**
- **Documentation should be no more than three years old.**
- **Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as “problems,” “deficiencies,” “weaknesses,” “differences,” and “learning disability” are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc). The disability must be specific.**
- **PCS and/or the board for which you are applying as a candidate must approve all accommodations. Once accommodations have been granted, they may not be altered during the examination unless prior approval of the board is obtained.**

**Health Professional Guidelines:**

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications.

- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation should provide evidence of a substantial current limitation to physical or academic functioning.
- Clinical evaluations should be performed by a licensed or qualified professional (i.e. physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional’s area of specialization and professional credentials, including certification and/or licensure, should be provided.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as “problems,” “deficiencies,” “weaknesses,” “differences,” and “learning disability” are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc). The disability must be specific. The accommodation must also be specific. “Extended time” or “unlimited time” is not sufficient. It must be the recommended time, such as an extra thirty minutes per session, time and one-half over one day, etc.

I hereby affirm that I have read and agree to all of the information provided above. Please keep a copy of all documentation, including this form, for your records.

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Applicant’s Signature

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Date

Return this form to: Professional Credential Services  
Attn: ADA Coordinator  
P.O. Box 198689  
Nashville, TN 37219-8689