



## Testing Accommodations Request Form

APCA provides reasonable testing accommodations in compliance with the [Americans with Disabilities Act \(ADA\)](#). Under the ADA, a disability is a physical or mental impairment that substantially limits one or more major life activities. Having a diagnosed impairment does not necessarily mean that an individual is disabled as defined by the ADA, and not all disabilities require test accommodations.

Test accommodations are adjustments or modifications of standard testing conditions designed to allow Candidates with disabilities equal access to the examination without compromising its validity, providing an unfair advantage, or imposing an undue burden on APCA.

Applicants seeking testing accommodations must submit a completed examination application, a completed Testing Accommodations Request Form, and the appropriate documentation based on their accommodation history with APCA.

Please type or clearly print all responses. Digital signatures are acceptable in areas requiring a signature.

Name: \_\_\_\_\_ APCA #: \_\_\_\_\_

Which specific examination are you seeking accommodations for? \_\_\_\_\_

Select the statement below that most accurately describes your APCA accommodations history status:

- ☐ I am requesting test accommodations for the first time. **Please complete Sections 1 - 3.**
- ☐ APCA previously approved me to receive testing accommodations, but my documents are dated **MORE THAN 5** years ago. **Please complete Sections 1-3.**
- ☐ APCA previously approved me to receive testing accommodations, and my documents are dated **LESS THAN 5** years ago. **Please complete Section 3.**

By signing below, I attest that:

- All information provided in this request form and the supporting documents relating to my request are true and accurate to the best of my knowledge.
- I have read and understand the APCA Testing Accommodations policies and information available on the [APCA Testing Accommodations](#) section of the APCA website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(APCA will not process requests without a signature)



## SECTION 1 – BACKGROUND

Please answer the below only as it relates to the disability for which you are requesting accommodations.  
(Attach additional sheet if necessary)

1. Please describe your disability and how the disability impacts your major life activities:

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2. When was your disability first professionally diagnosed? (circle one):

☐ Less than 1 year ago    ☐ 1-2 years ago    ☐ 3-5 years ago    ☐ More than 5 years ago

3. Did you receive accommodations during prior classroom or testing experiences?

Secondary or elementary school:    ☐ Yes    ☐ No

If yes, accommodations received: \_\_\_\_\_  
\_\_\_\_\_

Standardized examinations:    ☐ Yes    ☐ No

If yes, accommodations received: \_\_\_\_\_  
\_\_\_\_\_

College:    ☐ Yes    ☐ No

If yes, accommodations received: \_\_\_\_\_  
\_\_\_\_\_

Certification, Licensure, or Other High Stakes Testing:    ☐ Yes    ☐ No

If yes, name of test and accommodations received: \_\_\_\_\_  
\_\_\_\_\_

4. Are you now, or have you ever received accommodations in the workplace?    ☐ Yes    ☐ No

If yes, name of position held and accommodations received: \_\_\_\_\_  
\_\_\_\_\_



## SECTION 2 – DOCUMENTATION REQUIREMENTS CHECKLIST

In addition to this completed request form, I agree to submit the following documentation within 21 days of applying for the examination for which I am requesting accommodations:

- ☐ An original copy of a letter dated within the past five years and typed on official letterhead from a qualified physician or other qualified provider who specializes in the disability. This letter must contain all of the elements listed below:

- Explanation of what the disabling condition is.
- Explanation of how your condition currently limits one or more major life activities (such as seeing, hearing, working, walking, executive functioning, or reading) as required under the ADA. Documentation must clearly demonstrate that your diagnosis results in a substantial limitation in a major life activity relevant to the examination.

Note Regarding Test Anxiety: A sole diagnosis of test anxiety does not qualify for accommodations as test-taking is not considered a major life activity.

- Statement specifying exactly what accommodations are required to provide equal access to the examination.
  - The provider's signature and credentials.
- ☐ A comprehensive medical evaluation report of the diagnosed disability from a qualified provider, dated within the past five years, documenting the tools and criteria used to identify the diagnosis as appropriate for the nature of the disability in question (example – DSM criteria, cognitive tests, analysis of physical limitations, etc.).

## SECTION 3 – SPECIFIC ACCOMMODATIONS REQUESTED

*(Attach additional sheet if necessary)*

Accommodations must be appropriate to the disability and must be validated by the provider documentation listed in Section 2. What specific accommodations are you requesting?

- ☐ Extended time – 25%
- ☐ Extended time – 50% (time and one half)
- ☐ Extended time – 100% (double time)
- ☐ Separate room
- ☐ Other – write below. *Please be as specific as possible.*

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