

ADA Special Accommodations Questionnaire

In compliance with the Americans with Disabilities Act (ADA), APCA will provide reasonable testing accommodations for candidates with professionally diagnosed disabilities as defined by the ADA. Under the ADA, a “disability” encompasses a physical or mental impairment that substantially limits one or more major life activities (e.g., walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks). Having a diagnosed impairment does not necessarily mean that an individual is disabled within the meaning of 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 to participate in the examination without compromising the validity of the examination, providing an unfair advantage to the disabled candidate or imposing undue burdens on APCA.

Applicants seeking special accommodations must complete this questionnaire in its entirety. Along with this questionnaire, applicants must submit, with their completed examination application:

- (1) an original and current letter (dated within the last five (5) years) typed on official letterhead from a qualified physician or other health professional who specializes in the disability; such professional must document the disability, its severity, describe the limitations to the Applicant’s daily life functions due to the disability, and state exactly what accommodations are recommended. The letter must contain the original signature and the credentials of such professional; and
- (2) an original and current (dated within the last five (5) years) detailed, comprehensive medical evaluation/report of the diagnosed disability from the physician or health professional.

Please type or print.

Date _____ Certification Number _____

Address: _____
Street

City _____ State _____ ZIP/Postal Code _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

1. Which specific examination are you seeking accommodations for? _____

2. Have you taken this examination before? _____ Yes _____ No

If yes, did you receive special accommodations for this examination? _____ Yes _____ No

3. What is the nature of your disability? (circle one):

Learning disability	Physical disability	Psychiatric disability
Visual disability	Hearing disability	Other: _____

4. 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

5. Accommodations must be appropriate to the disability and must be validated on the supporting documentation provided by the physician or health professional. What accommodations are you requesting?

a) If requesting additional time, please indicate the amount of time as supported by your documentation (circle one):

Time and one half Double time

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

a) Standardized Examinations _____ Yes _____ No

If yes, accommodations received: _____

b) College _____ Yes _____ No

If yes, accommodations received: _____

c) Secondary or elementary school _____ Yes _____ No

If yes, accommodations received: _____

Please Note: Submission of incomplete or illegible questionnaires and/or insufficient supporting documentation slows the processing of your request. Your application cannot be processed until all supporting documentation is received by the APCA. The examination application will be considered incomplete without the required supporting documentation and the examination fee may be refunded, minus the nonrefundable examination processing fee.

By signing, I attest that all information provided on this questionnaire is true and accurate to the best of my knowledge. (Your request will not be processed without a signature.)

Signature _____ Date _____