



**APCA**<sup>™</sup>

Alliance for Physician  
Certification & Advancement

## APCA 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 ID #: \_\_\_\_\_

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.**

**All Applicants applying for an online proctored examination must complete Section 4.**

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 daily 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

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 (you must check all boxes):

- An original copy of a letter dated within the past five years and typed on official letterhead from a qualified physician or health care provider who specializes in the disability. This letter must:
  - Document the disability and its severity
  - Describe your limitation due to the disability
  - State exactly what accommodations are required to provide equal access to the examination.
  - Contain an original signature and the physician's or provider's credentials.
  
- An original copy of a comprehensive medical evaluation/report of the diagnosed disability from the physician or health care provider, dated within the past five years.

## SECTION 3 – SPECIFIC ACCOMMODATIONS REQUESTED

*(Attach additional sheet if necessary)*

Accommodations must be appropriate to the disability and must be validated by the physician or health professional's supporting documentation. What accommodations are you requesting? *Please be as specific as possible. For example, specify time and one half instead of extended time.*

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*Please upload all required documentation to your MY APCA user account: [www.APCA.org/myAPCA](http://www.APCA.org/myAPCA).*