

# Guidelines for Documenting a Request for Test Accommodations

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The following guidelines will assist applicants in documenting a need for accommodations based on an impairment that substantially limits one or more major life activities.

## GENERAL GUIDELINES

To request accommodations, please submit the following:

- A completed request for special exam.
- A detailed, comprehensive written report from a qualified health professional describing your disability and its severity and explaining the need for the requested accommodation(s).

## THE REPORT SHOULD:

State a specific diagnosis of the disability using professionally recognized nomenclature, e.g., American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV-R) or International Classification of Diseases (ICD-10).

**Be current.** Because the provision of accommodations is based on the current impact of the disability on the testing activity, **the evaluation should have been conducted no more than three years prior to the request for accommodations.**

Clearly describe the specific diagnostic criteria and name the diagnostic tests used, including date(s) of evaluation; list specific test results; and provide a detailed interpretation of the test results in support of the diagnosis. Be sure to include all relevant educational, developmental and medical history.

Give a detailed description of the applicant's current functional limitations due to the diagnosed disability and an explanation of how the diagnostic test results relate to the identified functional limitations. Fully describe how the disability impairs current physical, perceptual and/or cognitive functioning.

Recommend specific accommodations including assistive devices. Provide a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations on the specific examination for which they are requested.

Report any accommodations the applicant currently uses in daily functioning, especially professional and work-related activities and any past accommodations the applicant received on examinations because of the disability.

Provide contact information and credentials of the professional evaluator that qualify him/her to make the diagnosis, including information about professional license or certification and specialization in the area of the diagnosis. The dated report must be written on the professional evaluator's letterhead and clearly indicate the name, address, telephone number and qualifications of the professional. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

The documentation should include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a similar accommodation.

*If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.*

## ADDITIONAL INFORMATION FOR LEARNING AND COGNITIVE DISORDERS

The evaluation must be conducted by a qualified professional with comprehensive training in the field of learning disorders.

Testing conducted as part of the comprehensive psychoeducational assessment should be no more than three years old. (See General Guidelines). A developmental disorder such as a learning disability originates in childhood and therefore, school history and other information which demonstrate a history of impaired functioning should be included. Wherever possible, actual school records, psychological reports and other objective historical information should be provided.

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## **DOCUMENTATION MUST BE COMPREHENSIVE**

The report should include a comprehensive history-taking with relevant background information and appropriate test data to support the diagnosis, including the following:

- A description of the presenting problem(s);
- A developmental history;
- Relevant academic history including results of prior standardized testing, school reports and notable trends in academic performance;
- Relevant family history, including primary language of the home and current level of fluency in English;
- Relevant medical and employment history; a differential diagnosis, exploring and ruling out possible alternative or co-existing mood, behavioral, neurological and/or personality disorders which may impact the individual's learning;
- A comprehensive battery of age-appropriate, normed diagnostic tests;
- A diagnosis based on a convergence of all test data, history and level of current functioning. It is not acceptable to base a diagnosis on only one or two subtests;
- Objective evidence of a substantial limitation in learning.

Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired outcome on a test are not learning disabilities and are not covered under the Americans with Disabilities Act.

## **ADDITIONAL INFORMATION FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

The evaluation must consist of more than patient observations and self-report. Information from third party sources is critical in the diagnosis of adult ADHD. The evaluation and report should include, but not necessarily be limited to, the following:

- History of presenting attention symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time;
- Developmental history;

- Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner;
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated;
- Relevant psychosocial history and any relevant interventions;
- A thorough academic history of elementary, secondary and postsecondary education;
- Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities;
- Relevant employment history;
- Description of current functional limitations that are presumably a direct result of the described problems with attention;
- A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD.

Test scores or subtest scores from a neuropsychological or psychoeducational assessment may be helpful in determining the individual's pattern of strengths or weaknesses and in determining whether there are patterns supportive of attention problems. However, test scores alone cannot be used as the sole basis for the diagnostic decision.

The report must include a specific diagnosis of ADHD based on the DSM-IV-R diagnostic criteria. Individuals who report problems with organization, test anxiety, memory and concentration only on a situational basis do not fit the diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or test failure, low self-esteem and chronic tardiness or in attendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute impairment in a major life activity.

# Request for Special Examination Accommodations



Review the **Guidelines for Documenting a request for Examination Accommodations on the pages following this application.**

## INSTRUCTIONS:

To request examination accommodations for a disability covered by the Americans with Disabilities Act as amended (ADAAA), Read the Documentation Guidelines carefully. Share them with the professional who will be preparing your supporting documentation.

**Complete this form in full. Read and sign the acknowledgement.**

Include supporting documentation as described in the Guidelines for Documenting a Request for Test Accommodations (i.e., school records, records of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request. **INCOMPLETE APPLICATIONS/DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST.**

Be sure that all information you submit is typed or printed. Material from evaluators must be on official letterhead.

All documentation must be in English. You are responsible for providing certified English translations of foreign-language documentation.

Include documentation of your functional impairment in daily activities **beyond test-taking.**

Send your completed NBSTSA Test Accommodation Request form and supporting documentation **WITH** your examination application and fees to:

The National Board of Surgical Technology and Surgical Assisting, 6 West Dry Creek Circle, Suite 100, Littleton, CO 80120.

## BIOGRAPHICAL INFORMATION:

Last Name First (**Legal name**) Middle

Other Names You Have Used (please include copy of legal documentation to change name on file)

Mailing Address (include apartment # if applicable) City State Zip Code

Home Phone Number Work Phone Number Cell Number

Email Secondary Email

## NATURE OF DISABILITY:

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

Vision

Physical

ADHD

Learning

Psychological

Hearing

Other, specify: \_\_\_\_\_

First Diagnosed

Most Recent Evaluation

**PREVIOUS ACCOMMODATIONS:**

Have you previously received test accommodations?  Yes  No  
 If yes, provide name of examination, test date and accommodations received:

Have you previously received educational accommodations?  Yes  No  
 If yes, provide name of school, applicable dates and accommodations received:

Have you previously received workplace accommodations?  Yes  No  
 If yes, provide name of employer, applicable dates and accommodations received:

**REQUESTED ACCOMMODATIONS:**

(Select all that apply):

- Extended time
- Reader
- Separate room (if available)
- Other equipment or accommodation, specify: \_\_\_\_\_

**PERSONAL STATEMENT (REQUIRED):**

Please describe how your disability impacts your *daily* life. Attach additional pages, if necessary.

**IMPORTANT: All applicants must acknowledge the following statement:**

By signing below, I attest that I have reviewed the Guidelines for Documenting Examination Accommodations and that the information I have provided in this application is accurate, true and correct to the best of my knowledge. I agree to and authorize the release of this information to the NBSTSA and their contracted consulting firm for use in determining my eligibility for the requested testing accommodations.

I understand the NBSTSA reserves the right to verify any and all information contained in my application. Therefore, I understand and agree that my failure to provide accurate, true and correct information shall constitute grounds for rejection of my request for testing accommodations.

Signature of Candidate

Date

The NBSTSA will notify you of a decision in writing. For confidentiality purposes, information regarding testing accommodation decisions will not be discussed by telephone.