

Request for Special Examination Accommodations



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

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 Authorization in (Section F) below.

Include supporting documentation as described in the Guidelines for Documenting a Request for Text 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 (PLEASE PRINT)

Maiden Name

Other Name(s) You Have Used (if applicable, please include documentation of name change)

Mailing Address (include apartment # if applicable) City

State

Zip Code

Home Phone Number

Work Phone Number

Alternate Number

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
- Sign language interpreter (for spoken directions and candidate questions only)
- Enlarged font
- Other equipment or accommodation, specify: _____

PERSONAL STATEMENT (REQUIRED):

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

By signing below, I attest 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

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from the NBSTSA. For reasons confidentiality purposes, information regarding granting or denial of test accommodations will not be released by telephone. If you have any questions, please contact the NBSTSA at (800) 707-0057.