HOME CARE AIDE
TEST ACCOMMODATIONS
REQUEST PACKET

Contains:

- Candidate Test Accommodation Request Form
- Professional Evaluation Form

Accommodation for Documented Disabilities (ADA):
Please send completed forms (pages 3, 4 and 5.)

Request for Individual Interpreter:
Please complete and mail ONLY page 3.

Mail To:
WA Home Care Aide Program
7941 Corporate Drive
Nottingham, MD 21236

Prometric strives to provide an equal testing opportunity for all candidates. The purpose of any accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure).

We ask all candidates requesting an accommodation to take the time to carefully complete this packet before submitting their request. A completed Accommodation Request Packet includes the Re-Examination Application (if applicable), Candidate Test Accommodation Request Form, the Professional Evaluation Form and any additional verification required. A complete packet will allow Prometric to assist the candidate in arranging the best accommodation possible for the situation. **We are unable to process incomplete Accommodation Requests**.

Completed Accommodation Request Packets will be reviewed within 30 business days and will be kept confidential. Accommodations will be arranged as quickly as possible and at no extra charge to the candidate.

Our Special Accommodation Registrars are here to help you. Please contact us to answer any questions or concerns about who signs where, or what type of accommodation would work best for you or to simply walk you through the request process.

ADA Accommodation Requests

To help you in your request, please keep the following in mind as you complete this packet:

1. You **MUST** either have an appropriate professional (an internist, for example, is not appropriate to diagnose a mental disorder or reading disability) complete the Professional Evaluation Form **OR** provide existing documentation from the person(s) who granted you the same or similar accommodation you are now requesting in another formal testing environment *(the Professional Evaluation Form must still be returned with the appropriate box marked).*

2. Any documentation provided in support of the processing of your application, shall not be dated back more than one (1) year from your accommodation request date.

3. We can **NOT** make any accommodations of a "personal nature" (lifting or feeding, for example).

4. If you choose to provide existing documentation of a similar accommodation, you may be required to provide additional verification.

Individual Interpreter Requests

If you are requesting an individual language interpreter, you do not need to complete the professional evaluation form, but MUST specify the language you are requesting, including dialect if applicable.

CNA-ADA-20140318

CANDIDATE TEST ACCOMMODATION REQUEST FORM

Candidate Name: _____
HM Number: _____
Address: _____
City, State, Zip: _____

Daytime Phone Number: _____ Other Number: _____
Fax Number: _____ Email: _____

Name and Number of the Exam(s) Requested: _____

_____

Exam Site Requested: _____

Language Interpreter Requested For (*specify language*):

_____

Disability: _____

Additional Testing Time

_____ *50% (time and one-half)*
_____ *100% (double time)*

Assistance

_____ *Recorder of answers*

_____ *Sign Language Interpreter*

In order for Prometric to accommodate your approved request for a Reader/Recorder/Sign Language Interpreter or equipment, we require a minimum of 30 business days prior notice to ensure your accommodation can be met.

Additional Comments: (*For example: "Will need to bring a nurse assistant.")*

_____

_____

PLEASE READ AND SIGN:

I authorize release of the attached forms to Prometric staff to review and arrange the requested accommodation.

I give my permission for my diagnosing professional to discuss with Prometric staff my records and history in as much as they relate to the requested or suggested accommodation.

I understand and agree that Prometric staff may provide my records to an appropriate professional selected by Prometric for an independent evaluation relating to my request or to the state or local agency for which the exam is administered.

I understand that if I choose to provide existing documentation of the same or a similar accommodation, I may be required to provide additional verification, including completion of the Professional Evaluation Form.

Signature: _____ Date: _____

PROFESSIONAL EVALUATION FORM

To the Professional:

By submitting this form with your signature and license number listed, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in your professional capacity; you have worked with the candidate in dealing with the disability documented on the following page. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate's ability in a licensure exam.

The purpose of any special accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills (except where those skills are factors the exam is designed to measure). **Our intent is to provide equal opportunity for all candidates. The test accommodation must not unfairly advantage or disadvantage the candidate.**

Please call us if you have any questions regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. For example, while a reader or scribe is a reasonable accommodation, providing a written paper exam for a computer-based test or a computer-based test for a written paper exam is a VERY difficult request to honor and is generally not considered reasonable. Finally, Prometric is unable to accommodate a request for "unlimited time." If extra time is needed, please specify the amount.

Exam Candidate Name: _____

Professional (Please Print your Name): _____
Address: _____
City, State, ZIP: _____
Phone Number: _____ Fax Number: _____
E-Mail: _____

License Number: _____ State of Licensure: _____
Board Certification: _____

Signature of Professional: _____ Date: _____

* Candidate's diagnosis and your recommendation on back page (Attach additional pages if needed.)

❒ Provide existing documentation from person(s) who granted same or similar accommodation in another formal testing environment.

PROFESSIONAL EVALUATION

To Be Completed Only By A Licensed Professional

Exam Candidate Name: _____

Diagnosis: (Note: mental and emotional disabilities must include diagnosis code from DSM-III-R or DSM-IV.)

I have known _____ *(candidate)* since _____ *(date)* in my capacity as a _____. The candidate has been diagnosed with the following disability:

_____
_____
_____

_____
_____
_____

The candidate or Prometric staff has discussed with me the nature of the test to be administered. It is my opinion that because of the candidate's disability, the candidate should be accommodated by Prometric providing the following:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature of Professional: _____ Date: _____

_____ _____

Name *(printed)* Title