ADA Special Accommodations Questionnaire

In compliance with the Americans with Disabilities Act (ADA), ARDMS 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 ARDMS.

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 __________________________ ARDMS Number __________________________

Name ________________________________________________________________

Address ______________________________________________________________

_____________________________________________________________________

City __________________________ State __________ ZIP/Postal Code ______________

Phone No._____________________ E-mail address____________________________

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

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

   a) 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 ARDMS. 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.

Signature ______________________________________ Date ______________________

(Your request will not be processed without a signature.)