



# Policies

## ARDMS Discipline Policies

Current ARDMS Discipline Policies are available to the public on our website. Please visit [ARDMS.org/disciplinepolicies](http://ARDMS.org/disciplinepolicies) to view and print a copy of the ARDMS Discipline Policies. It is recommended that ARDMS Applicants, Candidates and Registrants review these policies to ensure compliance.

## Examination Security

Examination security is vital to the ARDMS mission. Accurate measurement of the critical knowledge and entry-level competence for the practice of ultrasound is what validates the ARDMS credential and the certified sonography professional. "Earning" certification by cheating, or even the perception that such a thing is possible, weakens the value of the credential for everyone.

For more information regarding ARDMS examination security, including examples of potential breaches of examination security and associated disciplinary actions, please visit the 'Examination Security' section of the ARDMS website: [ARDMS.org/examsecurity](http://ARDMS.org/examsecurity).

## Violators of ARDMS Discipline Policies

ARDMS posts the names, date of birth, and imposed sanction issued to all Applicants, Candidates and Registrants who have been found in violation of ARDMS Discipline Policies.

This information is available in the ARDMS Sanction List available through the ARDMS website ([ARDMS.org/violation](http://ARDMS.org/violation)).

The online posting will list sanctioned individuals permanently. After an individual's sanction has expired, the sanction will remain listed permanently but will note the specific sanction expiration date.

## Prerequisites & Eligibility

To earn an ARDMS credential, individuals must select and meet all the requirements of one of the published prerequisites (see pages 10-13). To assist in prerequisite selection, ARDMS offers a Prerequisite and Requirement Eligibility Program (PREP) online at [ARDMS.org/PREP](http://ARDMS.org/PREP). Eligibility will not be determined by telephone, fax or electronic transmission (e-mail). Applicants must apply online, pay all fees and submit all of the required supporting documentation before eligibility will be determined.

## Admission to Test Centers

To be admitted to the testing center, candidates must present two current, valid signature IDs – of which one must be your non-expired government issued photo identification with signature. **The name on the ID must exactly match the name on the ARDMS Examination-Confirmation Letter.** All ID's must be issued in the English language. Failure to present acceptable identification will prevent you from being allowed entry into the test center to examine. If this occurs, you will be marked "Absent" and will forfeit the entire examination fee and seat.

Candidates will also need the ID and password provided to them in the ARDMS Examination-Confirmation Letter to (1) schedule an appointment online, and (2) log in to the computer at the testing site. Please note that you will NOT be able to successfully Apply Online at [ARDMS.org](http://ARDMS.org)

schedule your examination appointment unless you use the specific User ID and password.

Candidates should bring the Examination-Confirmation Letter to the test center.

Test center personnel will supply an erasable white board if needed. Candidates are not permitted to bring books, paper, calculators, mobile phones, any electronic devices, or other materials into the testing room. Candidates are required to check all personal possessions at the admission desk.

## Special Accommodations/Arrangements

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. They are 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 submit, along with their completed application:

- 1 an original and current letter (dated within the last five years) typed on official letterhead from a qualified physician who specializes in the disability; such professional must document the disability, its severity, describe the applicant's limitation due to the disability and state exactly what accommodations are recommended. The letter submitted to ARDMS must contain the original signature and the credentials of such professional;
- 2 a current (dated within the last five years) detailed, comprehensive medical evaluation/ report of the diagnosed disability from the physician or health professional; and
- 3 a completed ADA Special Accommodations Questionnaire found on page 34, must be completed in its entirety each time you apply for examination.

Note: Submission of incomplete or illegible questionnaires and/or insufficient supporting documentation delays the processing of your request. Your application cannot be fully processed until all supporting documentation is received by the ARDMS. The examination application will be considered incomplete without the required supporting documentation and examination fees may be refunded, minus the non-refundable examination processing fee per examination.

The purpose for supplying the above required documentation is to validate that the applicant is covered under the ADA meaning of "disabled." ARDMS may request additional

documentation to support an applicant's request. All information presented to ARDMS in seeking special accommodations will be kept confidential and will be used by ARDMS only to determine what special accommodations, if any, will be made.

If the accommodation request is approved, ARDMS will mail a Special Accommodation Notice, which will include the approved accommodation. The notice will denote a phone number for the candidate to call the test vendor in order to make the appropriate accommodations.

All special accommodation forms and related documents will be kept confidential and will only be released with written consent of the applicant.

## Switching Examinations

Applicants who submit an application with the incorrect examination selected can submit the ARDMS Examination Switch Form and pay the \$100 USD processing fee to have the examination switched. Once payment has been received, ARDMS staff will reprocess the application and switch the examination for the applicant. When switching to a specialty examination, the appropriate clinical verification (CV) form must also be submitted. The Examination Switch Form **cannot** be used after an examination has already been taken. Using the switch form will not reset the 90-day eligibility period. The original eligibility dates remain the same. If an extension has already been granted, the candidate will not have the option of another extension. The ARDMS Examination Switch Form can be obtained by visiting [ARDMS.org/switch](http://ARDMS.org/switch).

## Rescheduling Examinations

Candidates may reschedule the date and time of their examination any time during the 90-day eligibility period subject to the following policy: Reschedule an appointment by notifying the testing vendor at least 96 hours prior to the scheduled examination date.

## Examination Extensions

Candidates who are unable to schedule within the 90-day eligibility period can request a one-time 60-day extension for each examination. Requests for an extension must be made at least 96 hours prior to the end of the eligibility period. To request an extension, follow the steps below:

- 1 To request an examination extension, please log in to your MY ARDMS account. Once in your account, select "Exam Extension" from the "Exam Requests" menu option
- 2 must be received no later than 96 hours prior to the end of the current eligibility period
- 3 are granted only one time.

If you already have a scheduled appointment, you must call the testing vendor at least 96 hours prior to the scheduled examination and notify them that you are cancelling your scheduled appointment.

The entire examination fee is forfeited if the request is received too late, an appointment is never made, or the applicant does not keep a scheduled appointment.

The 5-year credential achievement is not affected or altered by a granted extension; the credential must still be earned before December 31st of the 5th year.

## Examination Cancellations

To cancel an examination and receive a partial refund, please log in to your MY ARDMS account. Once in your account, select "Exam Cancellation" from the "Exam Requests" menu option.

Your request must be received in the ARDMS office no later than 96 hours prior to either the last date of the eligibility period or the scheduled examination appointment time. ARDMS will refund your examination fee, less the \$100 USD processing fee, per examination. If the cancellation request is received after the 96 hour window, the entire examination and processing fees are forfeited.

If an examination appointment has been made, the candidate must also contact the testing vendor to cancel the scheduled appointment no later than 96 hours prior to the scheduled examination appointment time. The candidate will receive a cancellation number from the testing vendor. The appointment cancellation number must be included in your request for cancellation and partial refund to ARDMS.

Candidates who arrive late for a scheduled appointment or do not show up for a scheduled appointment will forfeit all examination fees (including the processing fee). Candidates who do not cancel their examination within the specified time frame and/or do not appear for an examination are considered no-show candidates and forfeit all fees.

## Non-Discrimination Policy

ARDMS complies with all applicable non-discrimination laws.



# 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 individual’s limitations 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) a current (dated within the last five (5) years) copy of a 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? (circle one)

Isolated testing room      Additional testing time      Both

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 non-refundable 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.)