



# Special Accommodations (ADA) Request Packet

## Contains:

- Guidelines for Special Accommodation (ADA) Request
- Special Accommodations (ADA) Request Form
- Professional Accommodation Verification Form
- Parental/Guardian Consent to Release Form

- ✓ To submit completed ADA request with required documentation, access the candidate account home page to upload documents
- ✓ For questions regarding the ADA process or requests, send an email to [ada@pcshq.com](mailto:ada@pcshq.com)

Professional Credential Services complies with the Americans with Disabilities Act of 1990, including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations. PCS strives to provide an equal testing opportunity for all candidates. The purpose of any testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factors 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 review this packet before submitting their request. A *completed* Special Accommodation Request Packet includes the Candidate ADA Request Form, the Professional Accommodation Verification Form and any additional information or documentation requested by PCS to evaluate an accommodation request. A complete packet will allow PCS to assist the candidate in arranging the best accommodation possible for the situation. Please note we are *unable* to process incomplete accommodation requests.

The PCS accommodation process is governed by the following guidelines:

1. PCS must receive the completed accommodation request packet at least four (4) weeks prior to the intended test date.
2. Completed accommodation request packets will be reviewed and candidates will be notified of the review decision by email.
3. Approved accommodations will be arranged with the testing vendor and at no extra charge to the candidate.
4. An approved accommodation request is valid for three (3) years from the approval date. Candidates must resubmit a new application if they wish to test with accommodations after the expiration date.
5. Candidates must either have a qualified professional complete the *Professional Accommodation Verification Form* or provide existing documentation of a previously granted related accommodation in another formal testing environment dated within the past three (3) years, such as an IEP, Section 504 plan etc.
6. The qualified professional completing the *Professional Accommodation Verification Form* must be state recognized as an appropriately trained and credentialed individual (medical physician, psychiatrist, psychologist, etc.) who has made an individual Accommodation Verification of the candidate.
7. All documentation provided in support of the processing of the accommodation request must be dated within three (3) years from the accommodation request date.
8. PCS cannot approve accommodations of a "personal nature" (i.e., lifting, feeding, etc.).
9. All test accommodation requests and related documentation are held in strict confidence by PCS and will not be released without the written consent of the candidate.

## Criteria for Supporting Documentation

To best assess the current impact of a candidate's disability or functional limitations as they apply to test taking, supporting documentation must be written by a qualified professional and must meet all these guidelines:

- States the specific impairment as diagnosed
- Is current (diagnosed or reconfirmed within three years of the date of request)
- Describes presenting problems and developmental history, including relevant educational and medical history
- Describes substantial limitations (adverse effects on learning or other major life activities) resulting from the impairment, as supported by test results
- Describes why the recommended accommodations are needed, and provides rationale explaining how these specific accommodations address the substantial limitations and alleviate the impact of the disability when taking a timed test
- Establishes the professional credentials of the evaluator, including information about licensure or certification, education, and area of specialization
- Includes comprehensive assessments (neuropsychological or psychoeducational evaluations) with evaluation dates used to arrive at the diagnosis

## Specific Documentation Needed

The following information explains what documentation is needed to support the accommodations request.

1. To show whether accommodations have previously been provided in an academic setting or standardized tests due to the disability, the evaluator(s) and /or qualified school officials must provide one of these documents.
  - If accommodations have been provided, include a copy of the current Individualized Education Program (IEP), Section 504 Plan or Official Accommodations Plan for the candidate. *All pages of the IEP or Section 504 Plan must be submitted.*
  - If no accommodations have been provided, Candidates must have a qualified professional complete the *Professional Accommodation Verification Form*.
2. In addition, complete diagnostic documentation may be required to substantiate a need for accommodations.

# Requesting Special Accommodations

## 3 Step Checklist for Candidates



Create an account or log in



### No.1 Register

- Register for exams at [www.pcshq.com](http://www.pcshq.com)
- Select "YES" on need for accommodations on the on-line application
- Click link to download ADA Request Packet
- Complete Registration



Complete your request



### No. 2 Complete

- Complete ADA Request Form
- Consent to Release Information Form
- Gather supporting documentation and/or completed Professional Accommodation Verification Form



Submit request



### No. 3 Submit

- Submit your completed ADA request with supporting documentation
- Upload all documents to your candidate account.
- Wait for Approval email to confirm ADA request approval

# Special Accommodation (ADA) Request Form

\_\_\_\_\_  
 First Name                                      Middle Initial                                      Last Name                                      Other (Maiden)

\_\_\_\_\_  
 Date of Birth                                      Social Security Number

\_\_\_\_\_  
 Mailing Address (Street or PO Box)

\_\_\_\_\_  
 City                                      State                                      Zip Code

\_\_\_\_\_  
 Home Number                      Cell Number                      Email Address

Which type exam(s) do you require accommodations for?       Theory       Practical

What is the disability: \_\_\_\_\_

**Accommodations Requested (Check all that apply):**

<input type="checkbox"/> Separate Room	<input type="checkbox"/> Small Group Testing
<input type="checkbox"/> Reader	<input type="checkbox"/> Recorder of answers
<input type="checkbox"/> Time and a half	<input type="checkbox"/> Double Time
<input type="checkbox"/> Zoom Text	<input type="checkbox"/> Screen Magnifier
<input type="checkbox"/> (ASL) Sign Language Interpreter	<input type="checkbox"/> Other*

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please provide other accommodations requested if not listed above.

By signing below, I hereby affirm that I have read, agree to, and understand all of the information provided. If the information provided in support of this application is not sufficient, I authorize PCS to obtain additional information from the professionals who treated or evaluated my disability. I acknowledge and understand that PCS reserves the right to make a final determination as to whether any requested accommodation is warranted and appropriate.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# LICENSED PROFESSIONAL EVALUATION FORM

## *To Be Completed Only by A Licensed Professional*

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 testing 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 accommodation must not unfairly advantage or disadvantage the candidate.**

Please call us if you have any questions at 1-888-822-3272 regarding the exam or response format, physical environment, required documentation or determination of appropriate and reasonable accommodations. Finally, PCS is unable to accommodate a request for "unlimited time." If extra time is needed, please specify the amount.

Exam Candidate Name: \_\_\_\_\_

Licensed 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.)

**LICENSED 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.

Please provide historic details on the candidate's condition(s).

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The candidate or PCS 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 PCS with the following accommodations. **(Please include explanation for the accommodation.)**

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Signature of Licensed Professional: \_\_\_\_\_

Licensed Professional's Name (printed): \_\_\_\_\_

Licensed Professional's Title: \_\_\_\_\_

## Consent to Release Information to Professional Credential Services, Inc.

Please Print:

\_\_\_\_\_  
Candidate First Name

\_\_\_\_\_  
Candidate Last Name

\_\_\_\_\_  
Candidate SSN

### Parent/Guardian/Student Consent

*I verify that the information provided on the Special Accommodations (ADA) request is accurate to the best of my knowledge. I authorize the release to Professional Credential Services, Inc (PCS) of documents or other information related to this request by school officials, physicians, or others have such information, if requested by PCS. I understand that any documentation or information provided to PCS will remain with the candidate's record. If this request for accommodations is not approved based on the information submitted, I understand the candidate may test without the requested accommodations.*

\_\_\_\_\_  
Parent/Legal Guardian or Student (if over the age of 18) Signature

\_\_\_\_\_  
Date

### Telephone Consent

*I verify that I have spoken to the candidate's parent or legal guardian by telephone and obtained his or her permission to release information to PCS specifically as described above.*

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Date