Professional Credential Services, Inc.

ADA Accommodations Request Form

Professional Credential Services (PCS) complies with the Americans with Disabilities Act of 1990, including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations. To ensure equal opportunity for all qualified persons, PCS will make reasonable accommodations for applicants with disabilities. Applicants are responsible for any costs incurred in obtaining the required diagnosis and recommendations. PCS, however, will pay for any accommodations that are approved.

A. Biographical Information. Please provide your name, address, telephone number and Social Security Number.	First Name Date of Birth	Middle Initial	Last Name ocial Security Numbe	Other (Maiden)	
	Mailing Address (Street or PO Box)				
	City	St	tate	Zip Code	
	Telephone Number	Fax Number	Email Add	dress	
B. Examination Information. Please indicate the exam you are taking and the desired accommodations.		taken the examination date and location of led special accommodes	exam: Yes	es 🗆 No	
C. Information regarding disability. Supporting documentation must be submitted with this form unless previously submitted to PCS. Please see guidelines on the next page.	What is the <i>disability</i> (e.g., Learning Disability, Brain injury, PTSD) that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, breathing)?				
	Will this disability require special accommodations in order for you to take the examination?				
Applicant must sign this form and submit it to:	If yes, please make sure you complete this form in its entirety and attach official documentation supporting the accommodations you requested above.				
Supporting documentation must comply with the following criteria: 1. Presented on official letterhead from a licensed or certified health qualified to diagnose and treat the disability; 2. Identify a recommendation for the specific accommodations with one of the specific accommodations with one of the specific accommodation of the s				ified health professiona	

detailed documentation supporting the request;

Dated within the last three years; AND

3. Provide evidence that similar accommodations have been made for you in

why no such accommodation was made in the past but is now required,

Received by PCS at least four weeks prior to your intended test date.

other educational or testing situations or in employment settings, or describe

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For more information, call

Toll free: 877-887-9727. www.pcshq.com

The following information is provided to ensure qualifying individuals applying with PCS for an examination are protected under the Americans with Disabilities Act (ADA). All requests submitted through this form will be evaluated by Professional Credential Services (PCS) to determine the following:

1) The applicant has a disability as defined by the ADA, 2) There is a current need for testing accommodations, and 3) A reasonable accommodation can be provided

Note: All approved testing accommodations must maintain the psychometric nature and security of the examination. Modifications which fundamentally alter the nature or security of the exam will not be granted.

Disability Documentation Guidelines

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the <u>current</u> need for testing accommodations. A prior history of accommodations, without demonstration of a <u>current</u> need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, ensure that all information and documentation is submitted by the application deadline and in accordance with these guidelines.

Qualified individuals with disabilities are required to request accommodations at least four weeks before an exam administration. This allows time for the request to be evaluated and processed, and for PCS to make arrangements for reasonable accommodations and/or services to be delivered on the day of the examination. Consequently, it is in the applicant's best interest to provide recent and appropriate documentation that clearly defines the extent and impact of the disability upon <u>current</u> levels of academic and physical functioning.

Additional Guidelines:

- The request for accommodations and appropriate supporting documentation, which is complete, must be submitted by the application deadline for the state to which you are applying as a candidate.
- Documentation should provide evidence of a substantial <u>current</u> limitation to physical or mental (academic) functioning.
- Clinical evaluations must be performed by a licensed or qualified professional with credentials
 appropriate to diagnose and treat the disability (i.e., physician, psychologist, or specialist).
 Information about the qualified professional's area of specialization and professional credentials,
 including certification and licensure, should be clearly delineated in the documentation that is
 provided to PCS.
- Documentation must be submitted on official letterhead from a licensed or qualified professional who
 has examined the applicant and diagnosed a physical or mental impairment. Depending on the
 disability and written evaluation, documentation may include a letter from a physician or a detailed
 report.
- For most disabilities, documentation that is no more than three years old is considered current.
- Disability documentation must be detailed and specific. Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment, and the recommended accommodation. Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc.).
- PCS approves all accommodations prior to the examination and communicates the approval or denial
 in writing directly to the applicant. If accommodations are not available on the day of the exam,
 applicant may choose to test without accommodations (if possible) or not take the examination.

Disability Documentation Guidelines continued... Mental Health Disabilities:

For invisible (mental) disabilities, the following areas should be assessed:

<u>Ability:</u> The Weschler Adult Intelligence Scale IV (WAIS-IV), with its subtests can be included as a standard measure of overall intelligence. The WAIS-IV should only be one component of a full documentation report. Other adult intelligence scales or assessments may be deemed acceptable in lieu of the WAIS-IV. Consult a qualified professional for additional information.

<u>Achievement:</u> Current levels of academic functioning in relevant areas, such as reading (decoding and comprehension), mathematics, and oral/written language are relevant to determining whether or not there is a current need for accommodations. The tests submitted should be standardized and valid for use in an adolescent/adult population. Consult a qualified professional for additional information.

<u>Processing Skills:</u> Other tests in processing areas may warrant evaluation as indicated by the tests above. These areas include information processing, visual and auditory processing, and processing speed.

Note: These suggested tests are not meant to preclude assessment in other relevant areas, such as psychological status or vocational skills.

When is it necessary to submit this form and supporting documentation?

- If this is the first time you are submitting an ADA request, or if it has been over three years since you took an exam with accommodations, please send this form, along with supporting documentation at least four weeks prior to the intended test date.
- If you have been previously approved for special accommodations, but have not taken an exam in the last year, please submit this form ONLY. You are not required to submit updated supporting documentation.
- If you have been previously approved for special accommodations, and have taken an exam with accommodations within the last year, you do not need to submit any documentation.

Please keep a copy of all documentation, including this form, for your records.

By signing below, I hereby affirm that I have read, agree to, and understand all of the information provided on this form. If the information provided in support of this application is not sufficient, I authorize Professional Credential Services (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
Return this form to:	Professional Credential Services Attn: ADA Manager P.O. Box 198768	

Nashville, TN 37219-8768