



Dora

Department of Regulatory Agencies

Division of Registrations

Test Accommodation Request Form

The Department of Regulatory Agencies (DORA) Division of Registrations provides test accommodations to qualified candidates with documented disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations, 28 CFR Part 35 (Nondiscrimination on the Basis of Disability in State and Local Government Services (as amended by final rule published on September 15, 2010, and effective March 15, 2011).

- **Disability:** A physical or mental impairment that substantially limits one or more of the major life activities of an individual
- **Major Life Activities:** Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working
- **Competency Test:** An entry-to-practice qualifying examination or a continued competency test designed to measure job-relevant knowledge, skills and abilities at a minimal level of competence deemed essential to safe practice in an occupation that is regulated to protect consumers
- **Standard Testing Conditions:** Tests are administered in controlled environments and under equivalent conditions to offer examinees comparable testing experiences to demonstrate their proficiencies; Maintaining test security also is a focus to ensure that no one has an unfair advantage
- **Test Accommodation:** Changes in standard testing conditions to best ensure that when the examination is administered to an individual with a disability that impairs sensory, manual, or speaking skills, the examination results accurately reflect the individual's proficiencies with respect to the minimal competence deemed essential to safe practice in a regulated occupation
- **Documentation of a Disability:** Information from a qualified professional who has made an individualized assessment of a candidate that supports the need for test accommodation(s), given the format of the test, the candidate's disability and how the disability affects the candidate's ability to take the test under standard conditions
 - Appropriate documentation may vary depending on the nature of the disability and the specific accommodations requested; Examples to consider include:
 - Recommendations of qualified professionals familiar with the candidate; Results of psycho-educational or other professional evaluations; A candidate's history of diagnosis; Participation in a special education program; Observations by educators; or The candidate's past use of testing accommodations
 - If a candidate has been granted accommodations post-high school by a standardized testing agency, there is no need for reassessment for a subsequent examination
- **Qualified Professional:** Licensed or otherwise properly credentialed individual familiar with the candidate and possessing expertise in the disability for which test accommodations are sought
- **Limited Proficiency in the Language of the Test:** The opportunity to meaningfully learn the material assessed by the examination must be offered in the language of the test. Some regulated occupations also may require proficiency in the language of the test because it is essential to safe practice. A request for accommodations solely based on limited proficiency in the language of the test is **not** a disability within the meaning of the ADA and the ADAAA.

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INSTRUCTIONS

Step 1: Complete Part I of this Form. **Print a hard copy of this Completed Form.**

Step 2: If you already have *Documentation of a Disability* (see page 1), sign and date Item #5 in the spaces provided on the hard copy you printed in Step #1 above. Proceed to Step 4 of these Instructions.

Step 3: Sign and date Item #5 in the spaces provided on the hard copy you printed in Step #1 above. Compile information about the test format (for example, multiple choice; administered by computer; standard time allotted; etc.). Provide a copy of pages 1–4 you printed in Step #1 above and information about the test format to a *Qualified Professional* (see page 1). Request written documentation from the professional for items 1–5 in Part II of this Form. Request that the professional return all pages of the Form to you with the documentation. Make sure the professional **signed and dated** the documentation returned to you.

Step 4: Make copies of all documentation you are submitting to the Division of Registrations; Do not send originals

Step 5: Submit copies of completed pages 2–3 of this Form and your *Documentation of a Disability* to the Division **with your application materials**

PART I. To be completed by the *APPLICANT*

1. Contact Information & Permissions

- a. **Name** _____
- b. **Mailing Address** _____
- c. **Phone where you may be contacted** _____
- d. **E-Mail Address*** _____
- e. **Additional person(s) you permit the Division to contact on your behalf:**
 - i. **Name** _____
 - ii. **Mailing Address** _____
 - iii. **Phone where person can be reached** _____
 - iv. **E-Mail Address*** _____
 - v. **Dates this authorization is valid** (From) _____ (To) _____

*The Division will only send correspondence in an encrypted format, which will require the recipient to set-up a User ID and Password within 30 days of receipt of the secure e-mail to obtain the information sent



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2. Select the competency test in which you are requesting accommodations

- ARCHITECT
- CERTIFIED NURSE AIDE
- ELECTRICIAN, *Residential*
- ELECTRICIAN, *Journeyman*
- ELECTRICIAN, *Master*
- ENGINEER
- LAND SURVEYOR
- MARRIAGE & FAMILY THERAPIST

- MEDICATION AIDE
- NURSING HOME ADMINISTRATOR
- PHARMACIST
- PLUMBER, *Residential*
- PLUMBER, *Journeyman*
- PLUMBER, *Master*
- PRACTICAL NURSE
- PROFESSIONAL COUNSELOR

- PSYCHIATRIC TECHNICIAN
- PSYCHOLOGIST
- PHYSICAL THERAPIST ASSISTANT
- PHYSICAL THERAPIST
- REGISTERED NURSE
- SOCIAL WORKER
- OTHER : _____

3. Describe your disability(s) and how it affects your ability to take the test under standard test conditions, given the format of the test

4. Based on the disability(s) you described above, specify the accommodation(s) you are requesting, given the format of the test. Your request must be specific. For example, if you are requesting extra time, indicate how much, etc.

5. Signature _____ Date _____

Your signature is required to allow the Division to engage in interactive dialogue necessary to ensure your request is processed in accordance with ADA law, rules and regulations; to share pertinent information related to your request with the testing provider; and to verify the availability of accommodations with the testing service. All documentation is considered to be strictly confidential.

Process

The Division considers all requests for testing accommodations on a case-by-case basis. You will receive written confirmation of your approved testing accommodations. All inquiries related to testing accommodations may be directed to the contact information provided on your application.

Appeals

Contact the person listed on the Written Confirmation Letter to initiate the Appeals Process.



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PART II. Information to be provided by a *QUALIFIED PROFESSIONAL*

The applicant has been instructed to provide you with current information about the format of the competency test in which the applicant is requesting accommodations (e.g., multiple choice; administered by computer; amount of time allotted; etc.).

Please review the information you have received from the applicant and provide the applicant written documentation on your letterhead that addresses items 1-5 listed below.

1. Describe the applicant's physical or mental impairment(s) that specifically limit the applicant's ability to take the competency test(s) under standard conditions, given format of the test.
2. Describe diagnostic criteria, clinical judgments and assessments you used to determine the applicant's impairment(s) identified in item #1 above.
3. What is the recommended accommodation and how does the accommodation relate to the applicant's disability, given the format of the examination? The request must be specific (e.g., if additional time is needed, indicate how much, etc.).
4. List your professional credentials, training, work experience and any licenses you hold that support your qualifications to diagnose and/or treat the applicant with respect to the above information.
5. **Sign and date** the written documentation you prepared in response to items 1–4 above. Make a copy for your records. **Return this Form and your signed and dated documentation to the applicant.**