



## **NCCPT Request for Special Accommodations**

In accordance with the Americans with Disabilities Act (ADA), special accommodations may be available for individuals with documented disabilities. The NCCPT will provide reasonable testing accommodations to candidates with a qualifying medical condition or documented disability that may impose on their ability to take an NCCA accredited NCCPT exam under standard testing circumstances. In order to be considered for special accommodations, the candidate will need to complete the NCCPT Request for Special Accommodations form. The submission of the request for special accommodations does not guarantee the approval of requested testing accommodations. All decisions are made on a case-by-case basis, consideration is based on information provided, and in accordance with the law.

Candidates should allow for a minimum of thirty (30) days for processing, while NCCPT makes every effort to process requests as quickly as possible. In order to expedite the process, candidates should include all the required documentation in their initial request.

The exam that candidates are requesting accommodations for must be purchased prior to requesting any accommodations.

Once a decision is made, candidates will be informed in writing regarding their request for special accommodations. NCCPT reserves the right to make final judgement decisions regarding testing accommodations, and candidates are still required to follow the same exam testing policies.

See next page for instructions.

## Instructions for Documentation:

Attach a letter from a health care professional or physician, qualified to diagnose the disability or medical condition, as to the need for an accommodation. If you are a postsecondary student or graduated in the last two (2) years, an Individual Education Plan (IEP) may be used in place of the letter.

The IEP or letter must include:

- a. Specific disability or diagnosis.
- b. Brief explanation of how the condition limits the candidate's ability to take an exam under standard conditions.
- c. If it is not a permanent disability, please indicate when it was first diagnosed, about how long you have had it, and under what circumstances the diagnosis was made.
- d. Specific accommodations required. Keep in mind, these accommodations should be adequate for the candidate to complete the exam without creating an unfair advantage. If more time is required, the letter or IEP must specify exactly how much more time is needed, and why that amount is needed.

Once you have completed the form, please submit it and all relative documentation in one (1) single submission either by email to: [accommodations@nccpt.com](mailto:accommodations@nccpt.com) or by mail to NCCPT -CB 3481 Old Conejo Rd. #102 Newbury Park, CA 91320, Atten: BC

See next page for Submission form.

## NCCPT Request for Special Accommodations Form

(To be completed by the candidate)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Description of disability:

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Accommodations requested:

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*Accommodations granted in the past*

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_ Exam Name: \_\_\_\_\_

Accommodation(s) Description:

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Under penalty of perjury, by signing below, I declare that all information provided in this request for accommodations and all supporting documentation I provided are true to the best of my knowledge. I also understand that if any information is found to be false, NCCPT will have the right to challenge the candidate's position on the requested accommodations. I hereby certify that I personally completed this form and may be asked by a representative from NCCPT to verify this information at any time. NCCPT reserves the right to make addition inquiries regarding my disability and previous accommodations before coming to a decision.

*(page 2, NCCPT Request for Special Accommodations Form)*

If further information or clarification is found to be necessary, I understand and authorize NCCPT to communicate and request additional documentation from the professional who has diagnosed the disability, who provided the information related to my accommodation request, or any organization that has granted me accommodations in the past. I also authorize NCCPT to release this information if found necessary to a professional chosen by NCCPT for the purpose of conducting an independent evaluation of the requested accommodations. I acknowledge that these processes may require extra time for the accommodation to be granted beyond the standard 30 days.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Printed Name