

D&S Diversified Technologies LLP

PO Box #418, Findlay, OH 45839-0418
Toll Free 877-851-2355 - Local 419-420-1605 - Fax 419-422-8328 - www.hdmaster.com

PROVIDING NA TESTING SOLUTIONS for ARIZONA

REQUEST FOR ADA ACCOMMODATION

Form 1101 AZ and form 1402 AZ must accompany this form.

Applicant: Complete this form ONLY if you have a documented disability.

In compliance with the Americans with Disabilities Act (ADA), the NA Testing Program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Nurse Aide Competency Examination (NACE) examination. It is your responsibility to notify the NA testing program of the needed alternative arrangements. If you have a disability for which you wish to request an accommodation, please provide the following information and return this form as well as all other required documentation to D&S DT with your application. You may attach additional pages if necessary. Accommodations will *NOT* be provided at the examination site unless this form and all other documentation are received with your application. In order to grant testing accommodations, the NA testing staff must share information concerning your request with the RN who will observe your performance on the manual skill portion of the examination. The information requested below and any documentation regarding your disability is considered strictly confidential and will be shared only with the RN Test Observer and Arizona State Agencies. Please sign your name on this form to indicate your permission for D&S DT to share information about your disability with the RN Observer and State Agencies.

Name: _____ Social Security #: _____ - _____ - _____
Last First

Address: _____
Street City State Zip

Phone: _____ Work Phone: _____ Date of Birth: _____

Special Accommodation Request: (Include an additional \$50 per individual (for each Reader Marker) to help offset the additional cost the accommodation will impose as an undue hardship on the normal testing operation. If a partial accommodation or no accommodation is granted some or all of the \$50 will be refunded.

___ Reader Marker ___ Additional Time ___ Large Print ___ Other please explain: _____

Describe your disability and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability and how it impairs your ability to take the NA examination:

Describe the accommodation you are requesting:

Describe the accommodations granted to you during your Nursing Assistant Training Program:

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REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

You are **required** to submit documentation from the *Health Care Provider* or *Learning Specialist* who rendered an ADA diagnosis. Verification must be submitted to D&S DT on the letterhead stationary of the *Health Care Provider* or *Learning Specialist* and **MUST** include the following:

- (1) **Specific description of the disability and limitations related to testing.**
- (2) **Specific recommended accommodation.**
- (3) **Name, title and telephone number of the *Health Care Provider* or *Learning Specialist*.**
- (4) **Original signature of the *Health Care Provider* or *Learning Specialist*.**

If you were granted testing accommodations during your Nursing Assistant Training Program, you must complete this form with your Primary Instructor verifying any accommodations granted. The Primary Instructor **must** sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to D&S Diversified Technologies, their Test Observers, Written Test Proctors, and Actors, and appropriate Arizona State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and you give permission to D&S Diversified Technologies to share this information as described.

Applicants Signature: _____ **Date:** _____

I certify that I was the above candidate's Primary Instructor, and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

Primary Instructor Signature: _____ **Phone:** _____ **Date:** _____

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO D&S DT WITH YOUR APPLICATION. The Arizona Board of Nursing MUST APPROVE and D&S DT must arrange for ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.

All requests will be considered on a case-by-case basis. It will be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is **IMPORTANT** that you provide a current address and daytime telephone number and keep the D&S DT informed if these change. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff if you are unable to take the examination on the date for which you are scheduled.

SIGNATURE: _____ TITLE: _____ DATE: _____

OFFICIAL USE ONLY: SITE # _____ PACKET# _____ TEST DATE _____ SCHEDULER: _____
TEST EVALUATOR _____ DATE ACCOMMODATION Granted: _____
OTHER: _____ DATE ACCOMMODATION Denied: _____
Arizona Board of Nursing reviewer: _____
Additional Comments: _____