

# Montana ADA Request for Certification

HEADMASTER, LLP



HEADMASTER Nurse Aide Testing Program provides reasonable accommodation for applicants with disabilities or limitations that may affect his or her ability to take the Nurse Aide Competency Exam. Accommodations are granted in accordance with the Americans with Disabilities Act.

If you are a Candidate with a disability or limitation for which you wish to request an accommodation, please complete this form and attach the required documentation. This will assist HEADMASTER in determining appropriate accommodations for you. These documents must be submitted to HEADMASTER with your Montana Nurse Aide Testing & Registry Placement Application request. Accommodations cannot be provided at the test unless this form and all other documentation are received at the time your testing application or retest request is submitted.

Name: \_\_\_\_\_  
Last First Middle Maiden/Former

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

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Describe the accommodations you are requesting:

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You must submit documentation from a health care provider or learning specialist who rendered a disability or diagnosis. Documentation must include the following:

1. Description of the disability and limitations related to testing
2. Recommended accommodation(s)
3. Name, title, telephone number and signature of the Health Care Provider, Learning Specialist or Instructor

**OR**

If you were granted testing accommodations during your Nursing Assistant Training Program, you must have your **primary instructor** sign this form verifying any accommodations granted.

HEADMASTER will consider all requests on a case-by-case basis. It may 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 HEADMASTER staff informed if these change.

In order to provide testing accommodations, HEADMASTER must share the information you provide with the Montana Department of Health, Nurse Aide Registry and the Test Event Staff. The information requested above and any documentation regarding your disability is considered strictly confidential and will be shared only with parties on a need to know basis. Your signature below indicates that you understand this and you give permission to HEADMASTER staff to do so.

**Applicant 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: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Primary Instructor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ \*

\*Second signature necessary only if primary instructor was different for classroom and clinical training.