



D&S Diversified Technologies LLP
Headmaster LLP

D&SDT - HEADMASTER LLP
 P.O. Box 418, Findlay, OH 45839-0418
 888-401-0462 | Fax: 419-422-7395 | www.hdmaster.com
 Email: hdmastereast@hdmaster.com

*Innovative, quality technology
 solutionsthroughout the
 United States since 1985.*

WISCONSIN NURSE AIDE FORM 1404WI REQUEST FOR ADA ACCOMMODATION

The Wisconsin Department of Health Services (WDHS) and D&SDT-HEADMASTER certify compliance with the provisions of the Americans with Disabilities Act (ADA) per 42 USC 12101 et seq. Special ADA accommodations for testing requires the approval of WDHS and D&SDT-HEADMASTER. A nurse aide candidate who has a disability may apply for special accommodation for testing. It is the applicant's responsibility to submit this application and all other required materials to D&SDT-HEADMASTER as soon as it is known that a special accommodation will be needed and **before** scheduling the nurse aide competency examination. The request for ADA Accommodation Form 1404WI is available at http://hdmaster.com/testing/cnatesting/wisconsin/WI_CNA_Home.htm, on the Wisconsin page under the Candidate Information column.

If you have a disability for which you wish to request an accommodation, please provide the following information as soon as it is known that an accommodation will be needed. Return this form as well as all other required documentation to D&SDT-HEADMASTER, PO Box 418, Findlay, OH 45839-0418. (If desired, attach and EMAIL images to: hdmastereast@hdmaster.com.) You may attach additional pages, if necessary. An accommodation will **NOT** be provided at the examination site unless this form and all other documentation is received and approved **prior** to your scheduled competency examination date. Accommodations must be approved by D&SDT-HEADMASTER and WDHS. The accommodation cannot change the examination in any way.

In order to grant testing accommodations, D&SDT-HEADMASTER and WDHS must share information concerning your accommodation request with the RN Test Observer and Actor (resident), who will both be present when you demonstrate your skill tasks and the Knowledge Test Proctor who will proctor the knowledge portion of your 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 the Knowledge Test Proctor and Actor, as well as WDHS.

***** **(ANY SPECIALIZED EQUIPMENT REQUIRED MUST BE PROVIDED BY THE CANDIDATE)*******

NAME: _____		SOCIAL SECURITY#: _____ - _____ - _____	
LAST	FIRST		
ADDRESS: _____			
STREET	CITY	STATE	ZIP
E-MAIL: _____			
HOME PHONE: _____		CELL PHONE: _____	
DATE OF BIRTH: _____			
I'M REQUESTING			
<input type="checkbox"/> ADDITIONAL TIME <input type="checkbox"/> LARGE FONT <input type="checkbox"/> 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:



D&S Diversified Technologies LLP
Headmaster LLP

D&SDT - HEADMASTER LLP
 P.O. Box 418, Findlay, OH 45839-0418
 888-401-0462 | Fax: 419-422-7395 | www.hdmaster.com
 Email: hdmastereast@hdmaster.com

*Innovative, quality technology
 solution throughout the
 United States since 1985.*

Describe the accommodation you are requesting:

Describe any accommodations granted to you during your Nurse Aide Training Program:

REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

A candidate requesting special testing accommodation(s) must provide the following to **D&SDT-HEADMASTER** when applying to test:

- Completed Wisconsin Form 1404WI available for download from www.hdmaster.com, (click on WISCONSIN -- ADA Accommodation Form 1404)
- Letterhead stationary of the health care provider or learning specialist with:
 - Specific description of the disability and limitations related to testing
 - Specific recommended accommodation
 - Name, title, and telephone number of the health care provider or learning specialist
 - Original signature of the health care provider or learning specialist

If you were provided accommodation(s) during your nurse aide training program, the Primary Instructor **must** sign this accommodation request form (below) verifying that the accommodation(s) you are requesting was/were provided during training.

Your signature (below) indicates that you understand this application, are freely sharing any documentation included and you are giving permission to **D&SDT-HEADMASTER** staff, the RN Test Observer, Knowledge Test Proctor, and Actor as well as WDHS to be informed of accommodation(s) requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above on a need to know basis. Your signature below indicates that you understand this and you give permission to **D&SDT-HEADMASTER** to share this information as described.

Applicant's Signature: _____ **Date:** _____

Parent or Guardian Signature: (If applicant is under eighteen: _____

NAME OF NURSE AIDE TRAINING PROGRAM ATTENDED: _____

PRIMARY INSTRUCTOR NAME (PLEASE PRINT): _____ **PHONE #:** _____

PRIMARY INSTRUCTOR SIGNATURE, IF TRAINING ACCOMMODATIONS WERE PROVIDED: _____

Primary Instructor's EMAIL ADDRESS: _____

DATE PRIMARY INSTRUCTOR SIGNED: _____

I certify that I was the above listed candidate's Primary Instructor, and that we provided the accommodation(s) detailed herein during the candidate's Nurse Aide Training.

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO D&SDT-HEADMASTER. ALL ACCOMMODATIONS MUST BE APPROVED BY D&SDT-HEADMASTER AND WDHS. D&SDT-HEADMASTER MUST ARRANGE FOR ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.



D&S Diversified Technologies LLP

Headmaster LLP

D&SDT - HEADMASTER LLP

P.O. Box 418, Findlay, OH 45839-0418
888-401-0462 | Fax: 419-422-7395 | www.hdmaster.com
Email: hdmastereast@hdmaster.com

*Innovative, quality technology
solution throughout the
United States since 1985.*

All requests will be considered on a case-by-case basis. It will be necessary for 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 D&SDT-HEADMASTER informed, if your contact information changes. You will receive written confirmation of any approved or denied accommodations. You **MUST** notify the testing staff at least one (1) business day prior to your scheduled test date if you are unable to take the examination on the date for which you are scheduled.

WDHS APPROVAL PROCESS:

A request for accommodation is reviewed by **D&SDT-HEADMASTER** and WDHS staff. WDHS staff members will review the documentation to ensure that the:

- ⇒ Documentation is complete as requested.
- ⇒ Documentation supports the diagnosis of an ADA eligible disability.
- ⇒ Documentation supports the requested accommodation.
- ⇒ Accommodation requested is reasonable, can be provided by **D&SDT-HEADMASTER** and does not compromise the intent of the exam (e.g. a request that another person perform skills).

During the course of the review, WDHS staff may communicate with the applicant, training program or the professional making the diagnosis to clarify the request or suggest available alternatives if the accommodation is not feasible. Decisions made to approve or deny the accommodation(s) are conveyed to the applicant. If the request is denied, the applicant may submit additional information to support his/her accommodation request.

NOTES: