

REQUEST FOR ADA ACCOMMODATION

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

In compliance with the Americans with Disabilities Act (ADA), the RE Testing Program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the LPN-RN Refresher Course Examination. It is your responsibility to notify the RE 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&SDT - HEADMASTER 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 and the requested accommodation is granted prior to testing. In order to grant testing accommodations, the RE testing staff must share information concerning your request with the tester who proctor your examination. The information requested below and any documentation regarding your disability is considered strictly confidential and will be shared only with the Tester and Arizona State Agencies. Please sign your name on this form to indicate your permission for D&S DT – HEADMASTER and the Executive Director of MedStar to share information about your disability with the Tester and State Agencies.

***** (Any specialized equipment required must be provided by the test candidate) *****

Name: _____		Social Security#: _____ - _____ - _____		
Last	First			
Address: _____				
Street	City	State	Zip	
Phone: _____		Work Phone: _____		Date of Birth: _____
___ 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 RE examination:

Describe the accommodation you are requesting:

D&S Diversified Technologies - HEADMASTER

Mailing Address: P.O. Box 6609, Helena, MT 59604-6609
Toll Free 800-393-8664 –fax 406-442-3357 -- www.hdmaster.com
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Describe the accommodations granted to you during your Refresher Training:

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&SDT - HEADMASTER on the letterhead stationery 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 Refresher Training, you must complete this form with the Executive Director of MedStar, Inc 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&SDT - HEADMASTER staff, their Knowledge Test Proctors 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 on a need to know basis. Your signature below indicates that you understand this and you give permission to D&S Diversified Technologies – HEADMASTER to share this information as described.

Applicant’s Signature: _____ **Date:** _____

I certify that I was the above candidate’s Primary Instructor, and that I provided the accommodations detailed herein during the 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&SDT - HEADMASTER well in advance of your desired test date as D&SDT - HEADMASTER 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 D&SDT - HEADMASTER informed if these changes. 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: _____

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Additional Notes: