



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

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

ARIZONA – FORM 1404AM REQUEST FOR ADA ACCOMMODATION (Updated 9-1-2017)

In compliance with the Americans with Disabilities Act (ADA), the Medication Assistant (MA) Testing Program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Medication Assistant Competency Examination (MACE). It is your responsibility to notify the MA 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 HEADMASTER (www.hdmaster.com – hdmaster@hdmaster.com). 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 MA testing staff must share information concerning your request with the RN, who will observe your performance on the manual skill portion, and the Knowledge Test Proctor who will administer the knowledge 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 his/her Knowledge Test Proctor and Actor, and Arizona State Agencies. Please sign your name on this form to indicate your permission for HEADMASTER to share information about your disability with the RN Observer and his/her Knowledge Test Proctor and Actor, and State Agencies.

***** (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: _____	
<input type="checkbox"/> ORAL <input type="checkbox"/> ADDITIONAL TIME <input type="checkbox"/> LARGE PRINT <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 MA examination:

Describe the accommodation you are requesting:

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



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REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following along with his/her testing application to HEADMASTER.

- Completion of this application available from the www.hdmaster.com (Form 1404AM)
- Documentation including recent (within the last four years, unless the disability is documented by the professional as stable and permanent) reports, test results, evaluations and assessments of the candidate's need for accommodations due to a disability (physical or mental impairment) that substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, thinking, working, caring for one's self and performing manual tasks. Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness and specific learning disabilities, which are protected under the Americans with Disabilities Act (ADA). Documentation by a qualified professional with expertise in the areas of the diagnosed disability which supports the request for accommodations, including results of appropriate diagnostic testing, must be submitted.

DOCUMENTATION MUST INCLUDE:

- ⇒ A history of the disability and any past accommodation(s) granted to the candidate, as well as a description of its impact on the individual's functioning.
- ⇒ Identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale).
- ⇒ The scores resulting from testing, interpretation of the scores and evaluations.
- ⇒ Recommendations for testing accommodations with a stated rationale as to why the requested accommodations are necessary and appropriate for the diagnosed disability.
- ⇒ Contact information including name, qualifications, phone of the professional evaluator recommending the accommodation.

If you were provided accommodation in the medication assistant program, the instructor must sign the request for accommodations form verifying that the accommodation requested was provided by the program. 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 HEADMASTER staff, their RN Test Observers, Knowledge 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 on a need to know basis. Your signature below indicates that you understand this and you give permission to 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 Medication Assistant Training Program.

NAME OF CMA PROGRAM ATTENDED: _____ **PROGRAM ID#:** _____

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

PRIMARY INSTRUCTOR SIGNATURE: _____ **EMAIL:** _____

DATE: _____

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO HEADMASTER WITH YOUR APPLICATION. The Arizona Board of Nursing MUST APPROVE and 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 HEADMASTER 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.



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BOARD APPROVAL PROCESS:

The request for accommodation is reviewed by HEADMASTER and sent to the Board for approval. Board staff members shall critically 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 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, Board staff may communicate with the applicant, program or professional making the diagnosis to clarify the request or suggest available alternatives if the accommodation is not feasible. The decision to recommend or not recommend the accommodation is conveyed to HEADMASTER and the applicant. If the request is denied, the applicant may submit additional information to support their request.

DENIAL AND APPEAL PROCESS -- TRANSFER OF INFORMATION -- RECORD OF REQUEST

If Board staff does not have sufficient evidence to grant the accommodation, the applicant will be informed of the requirements. The applicant may appeal staff findings to the Board by submitting a written request for appeal within 10 days of the notification of insufficient evidence to grant the accommodation.

If there is information in the accommodation request that indicates the applicant's condition poses a risk to the health, safety and welfare of patients or the public, the information in the accommodation request will be provided to the investigations department and an investigation may be conducted.

All requests for accommodation are maintained and filed in the applicant's licensing file and are not considered public records.

All requests will be considered on a case-by-case basis. It will be necessary for testing and Board 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 HEADMASTER 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 at least one business day prior to your test date.

ADDITIONAL NOTES: