



# APPENDIX C: TESTING ACCOMMODATIONS FORM



## TESTING ACCOMMODATION REQUEST FORM

In accordance with Americans with Disability Act (ADA), NCHEC will strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. A candidate who has a disability may request accommodations and arrangements to take the examination. To request testing accommodations, the exam applicant must complete this form. Verification of disability from a qualified licensed individual or university disability center of specific disability must be submitted with the application and completed form. The qualified individual must be an individual qualified to assess, diagnose and treat the stated disability. Any information and documentation provided regarding the disability and the need for accommodation in testing will be kept strictly confidential and will only be shared with our testing center. All requests are evaluated on a case-by-case basis and are subject to approval. Test center personnel will be prepared to handle approved accommodations.

NCHEC will not pay any costs the candidate may incur in obtaining the required documents and recommendations. However, NCHEC will pay for any reasonable exam-related accommodations that are provided to the candidate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing)?

\_\_\_\_\_

\_\_\_\_\_

Will this disability require testing accommodation(s) that have been documented by a physician or university disability center, in order for you to take the NCHEC certification exam?

Yes     No

If YES describe the special accommodation(s) you are requesting. Use a separate sheet if more space is needed. If requesting additional time, please indicate length of time needed (i.e. time and a half, double time, etc.)

\_\_\_\_\_

\_\_\_\_\_

By submitting this Testing Accommodations Request, I consent to the transfer, collection, processing and use of my information by the National Commission for Health Education Credentialing, Inc., an entity located in the United States, in accordance with the NCHEC Privacy Policy, and solely for the purpose of evaluating and providing the requested testing accommodation(s). Further, I understand that NCHEC may disclose and transfer such information to NCHEC’s testing center partner, only as reasonably necessary to provide the requested testing accommodation(s) at the testing site. Such information will be treated with strict confidence, in accordance with the NCHEC Privacy Policy and the CHES®/MCHES® Handbooks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date