



Testing Accommodations Request Form

ARDMS provides reasonable testing accommodations in compliance with the [Americans with Disabilities Act \(ADA\)](#). Under the ADA, a disability is a physical or mental impairment that substantially limits one or more major life activities. Having a diagnosed impairment does not necessarily mean that an individual is disabled as defined by the ADA, and not all disabilities require test accommodations.

Test accommodations are adjustments or modifications of standard testing conditions designed to allow Candidates with disabilities equal access to the examination without compromising its validity, providing an unfair advantage, or imposing undue burden on ARDMS.

Applicants seeking testing accommodations must submit a completed examination application, a completed Testing Accommodations Request Form, and the appropriate documentation based on their accommodation history with ARDMS.

Please type or clearly print all responses. Digital signatures are acceptable in areas requiring signature.

Name: _____ ARDMS #: _____

Which specific examination are you seeking accommodations for? _____

Select the statement below that most accurately describes your ARDMS accommodations history status:

- I am requesting test accommodations for the first time. **Please complete Sections 1 - 3.**
- I was previously approved by ARDMS to receive testing accommodations, but my documents are dated **MORE THAN 5 years ago. Please complete Sections 2-3.**
- I was previously approved by ARDMS to receive testing accommodations and my documents are dated **LESS THAN 5 years ago. Please complete Section 3.**

All Applicants applying for the SPI examination must complete Section 4.

By signing below, I attest that:

- All information provided in this request form and in the supporting documents relating to my request are true and accurate to the best of my knowledge.
- I have read and understand the ARDMS Testing Accommodations policies and information available on the [ARDMS Testing Accommodations](#) section of the ARDMS website.

Signature: _____ Date: _____
(Your request will not be processed without a signature)

SECTION 1 – BACKGROUND

Please answer the below only as it relates to the disability for which you are requesting accommodations.
(Attach additional sheet if necessary)

1. Please describe your disability and your functional limitations as a result of the disability:

2. When was your disability first professionally diagnosed? (circle one):

- Less than 1 year ago 1-2 years ago 3-5 years ago More than 5 years ago

3. Did you receive accommodations during prior classroom or testing experiences?

Secondary or elementary school: Yes No

If yes, accommodations received: _____

Standardized examinations: Yes No

If yes, accommodations received: _____

College: Yes No

If yes, accommodations received: _____

Certification, Licensure, or Other High Stakes Testing: Yes No

If yes, name of test and accommodations received: _____

4. Are you now or have you ever received accommodations in the workplace? Yes No

If yes, name of position held and accommodations received: _____

SECTION 2 – DOCUMENTATION REQUIREMENTS

In addition to this completed request form, I agree to submit the following documentation within 21 days of applying for the examination for which I am requesting accommodations (all boxes must be checked):

- An original copy of a letter dated within the past five years and typed on official letterhead from a qualified physician or health care provider who specializes in the disability. This letter must:
 - Document the disability and its severity
 - Describe your limitation due to the disability
 - State exactly what accommodations are required to provide equal access to the examination.
 - Contain an original signature and the physician’s or provider’s credentials.
- An original copy of a comprehensive medical evaluation/report of the diagnosed disability from the physician or health care provider, dated within the past five years.

SECTION 3 – SPECIFIC ACCOMMODATIONS REQUESTED

(Attach additional sheet if necessary)

Accommodations must be appropriate to the disability and must be validated by the supporting documentation provided by the physician or health professional. What accommodations are you requesting? *Please be as specific as possible. For example, specify time and one half instead of extended time.*

SECTION 4 – REMOTE PROCTORING (SPI EXAMINATION ONLY)

Beginning November 10, 2020, all Candidates approved to take the SPI examination will have the ability to take the examination at a Pearson VUE test center or as a remote proctored examination. To provide an optimal experience for Candidates with testing accommodations the following accommodations are available in the remote proctored environment:

- 25% additional time (time and one quarter)
- 50% additional time (time and one half)

Please indicate which administration method you plan to use when you take the SPI examination:

- Remote proctored examination. I understand that:
 - Breaks are not permitted and the accommodations available are those listed above.
 - Should I require accommodations for my disability other than 25%/50% additional time, I understand I must select the physical test center location when scheduling my examination appointment in order to receive all accommodations I am approved to receive by the ARDMS.
- Physical test center.

Please upload all required documentation to your MY ARDMS user account: www.ardms.org/myardms.