National Board for Certification of Orthopaedic Technologists, Inc.

Overview, Guidelines and Forms for Requesting Special Testing Accommodations

OVERVIEW:

In compliance with the current Americans with Disabilities Act (ADA), the National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT) provides reasonable and appropriate Special Testing Accommodations for candidates with a documented disability/disabilities that are covered under the current ADA Guidelines. The applicant must be deemed eligible for certification in all circumstances.

Recommendations for accommodation and history of accommodations are considered, however, history of accommodations does not guarantee these same accommodations for any NBCOT examination.

Under the ADA, a "disability" is defined as "a physical or mental impairment that substantially limits one or more major life activities" (e.g., caring for one's self, performing manual tasks, walking, seeing, breathing, learning, and working).
Candidates must have a documented disability as defined by the current ADA Guidelines in order to be considered as eligible for special testing accommodations. "English as a Second Language," "Pregnancy," and "Test or Computer Anxiety" are not covered disabilities under the ADA, however, pregnancy complications or medical issues pertaining to a candidate's pregnancy are considered on a case by case basis for special accommodations.
Clear medical documentation of ongoing pregnancy issues, and/or regarding any defined disability, may be requested by; an NBCOT case examiner, Testing Administrator's ADA Coordinator or legal council before a determination is made to accommodate any request for special accommodations.

If you have a documented disability which is listed above, (a physical or mental impairment that limits one or more major life activities), you may request special testing accommodations, (for example, additional time, frequent break periods, the use of medication during the exam, the use of medical or assistive devices). Not all requests will be approved.

Any approval for "breaks" during an examination, will affect the time allotted for the examination. The time clock allotted for completing an examination after a "break" whether it is an accommodation or not, is not adjusted for any reason. All time taken goes against the time allotted to complete the examination. All examinations are allotted three clock (3) hours to complete unless additional time has been approved within an accommodation.

Persons with "transitory" or "temporary" conditions (for example, sprains, fractures, and medical emergencies) who desire accommodations should contact the NBCOT as soon as possible before an exam for information about possible special testing arrangements. While the NBCOT is not required by the ADA to accommodate "transitory" or "temporary" conditions, accommodations for candidates with such conditions will be considered on a case by case basis. If assessed and documented, a clear medical reason, with medical documentation, will be required to accommodate a request of this nature.

A "reader", who will be NBCOT approved, may be used if an accommodation of this nature is deemed necessary and approved. To be approved for a reader, substantial need must be documented by the Health Care Professional as a functional need. Readers are provided only in documented cases of provisions being given in the past. Candidates must be able to read, write and comprehend American English. Please see "Standard Testing Conditions Information" below for all areas that should be clearly understood by the Applicant and the qualified Professional.

Any request that will fundamentally alter the delivery or certification purpose of any NBCOT Orthopaedic Technologist Certified (OTC®), or NBCOT Orthopaedic Surgery Certified (OT-SC™) Certification Examination will not be considered.

All forms and related documentation submitted for requests of special accommodations are treated as confidential communication and will not be released to any entity that is not directly involved in the decision making process to include the National Board for Certification of Orthopaedic Technologists, Inc. and/or by any authorized ADA Coordinator for ISO-Quality Testing, Inc., a division of Schroeder Measurement Technologies, Inc. for consideration to provide Special Testing Accommodation(s) or their legal counsel for ADA regulation consultation.

Standard Testing Conditions For All Administrations:

- The NBCOT Orthopaedic Technology certification examination(s) are computer delivered by Schroeder Measurement Technologies, Inc., (SMT) in conjunction with IsoQuality Testing Inc. (IQT).
- All NBCOT Orthopaedic Technology examinations are written and delivered in American English only. Candidates must be able to read, write and comprehend American English. This includes but not limited to how American English applies to Orthopaedic Technologies.
- Testing is conducted at specific SMT/IQT test centers in the USA.
- Candidates have three (3) hours to complete the examination from the official launch time. There is a tutorial available prior to the launch of the examination. The tutorial time is not counted against the allotted three (3) hours of specific examination time.
- There are no scheduled breaks, BUT candidates may leave the testing room to use the restroom, take medication, or drink water, so long as they stay within the designated area at the test site. Escorts are required for approved "breaks". No adjustment to the three-hour administration time or additional time if pre-approved is made for time taken as "breaks".
  Clock time continues to be used as long as the candidate testing is on "break". Breaks may need to be preapproved before a candidate's test is started, or stopped. Preapproval is done during the ADA approval stage for such accommodations.
- Candidates may not leave the testing area or the building for any reason (for example, to go to their car, go outside to smoke, etc.) at any time during the test administration. Such actions will void the examination. Candidate may be subject to actions if found to be in violation of test security measures in place.
- Candidates record their answers using the computer's mouse or keyboard. No other person may record an answer for a candidate. Doing so will void the candidate's examination. Future consideration will be subject to actions if any person was involved in the recording of answers on any candidate's examination by computer or paper and pencil delivery other than the candidate testing. The candidate may be tested in a room with other candidates, seated at a workstation, separated from other candidates by a divider or spaced away from each other. Each work station has a computer with a monitor, keyboard and mouse. **Separate or Private testing areas are not available at all testing sites. The NBCOT and SMT/IQT will make all attempts to accommodate special test room requests, but they are not implied to be guaranteed or warranted based on any decision to accept an ADA request.**
- One or more proctors monitor the administration of the exam using various forms of monitoring. Such monitoring may include parabolic mirrors, video taping, and voice recording. Security measures are not divulged to or compromised for any candidate or any other entity.
- Candidates are not permitted to talk or read aloud, unless approved as an accommodation. **Readers will not explain a question to any candidate, nor will be allowed to touch the computer, the mouse, or assist with answering of any test question manually or verbally. Doing so will void the examination.**
- There is no provision for scratch paper or writing instruments allowed in the testing area for any reason. No test question requires the use of scratch paper, or any writing instrument.
- No medical devices or medical materials, unless approved as an accommodation, are permitted in the testing room. Approved candidate owned medical devices are considered. <u>All approved devices will be inspected at the test center before a candidate is admitted to the testing area.</u>
- Upon check-in, Candidates may have the use of a locker to store all items in such as purses, back packs, any and all items from their pockets, including but not limited to: coins, wallets, watches, pens/pencils, and cell phones. No food, beverages, hard candy or gum is allowed in the testing area or near computer stations. It is strongly suggested that no personal items of value be brought or stored on site at any center. Cough drops may be accepted however they must be taken out of the wrapper and inspected prior to be seated by the proctor(s).

- Sweaters/Jackets may be worn, but not carried into the testing room. Please note that lighting and temperature (heating or cooling) of a testing center cannot be altered. No hooded sweaters or jackets are permitted. Removal of sweaters/jackets is not allowed once seated in the testing area or during the examination. You may be asked to step out of the testing area to do so and to leave your item on an appropriate coat hook or in a closet. The time taken to do this is considered a "break". The time clock for your test does not stop.
- Hats, scarves, and/or face coverings are prohibited; if a candidate must wear scarves, hats, face covering or head covering for religious or health reasons, he or she must get Special Approval prior to testing. Typical religious head cover include but is not limited to; turbans, scarves and yarmulkes. All religious coverings will be inspected before a candidate is allowed into any testing area.
- Religious items held (ie: Rosary beads, Bibles, Kabbalah bracelets, etc.)must be in clear view at all times while a candidate is testing. Bibles, or any other Religious written form of text, may not be read, be open or opened at any time during an examination. If these items are opened, read or practiced during an examination, the examination will be stopped and voided.
- All Religious items must be approved by the NBCOT and the Proctor(s) before a test is administered. Failure to alert ISO-Quality Testing and the NBCOT of this need **before** you appear for testing will result in your appointment being delayed on site or cancelled. If your appointment is cancelled on site, the candidate must reapply for consideration to test at a later date with a new application and fees being paid again. All fees paid for the cancelled examination are forfeited.
- Accommodations for religious prayer break may be considered and will require approval as a special accommodation(s). Adjustment to the time allotted for the examination is not adjusted if this accommodation is approved.
  Scheduling of any appointment not in conjunction with prayer time should be considered by the candidate when making their testing appointment.

GUIDELINES:

- You and the health care professional should consult and agree on what accommodations best meet your current testing needs. The professional should make reasonable testing accommodations recommendations based on a professional understanding of, and familiarity with, your disability, its impact on your major life activities and its impact on your current ability to test under NBCOT's standard testing conditions.

- Documentation must be professionally prepared and appear on the health care professional's stationery. The professional is free to submit an existing report or to submit a report written for the specific purpose of confirming your disability diagnosis, your current functioning, and your need for special accommodation for this examination.
- **A Health Care Professional report is required. Your accommodation request will not be considered without the report.** For a learning disability or mental disorder, the professional's report must include the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition) Classification of the diagnosis. The diagnosis of a disorder with a DSM-IV Classification does not necessarily mean that you have a disability as defined in the ADA, which must be accommodated by NBCOT.

- If additional information is required in order to consider your request, you, or your Health Care Professional, may be notified by telephone and/or US Mail. **If the accommodation request is incomplete, it will not be reviewed**.

- **For repeating candidates:** If any documentation or report on file with NBCOT is older than two (2) years, you may be required to obtain a current standardized evaluation and the need for accommodation. Professionals are expected to provide a comprehensive psychological/psychiatric or medical report for these purposes that provides sufficient information to confirm the diagnosis, report the clinical history of the disability, describe the individual's current functioning and identify the need for testing accommodation. Professionals documenting a learning disability must submit copies of the educational evaluation that include identification of standardized assessments given and their results, including subtest and total test scores and their interpretation.

- If an applicant is requesting additional or different accommodations than those previously approved by the NBCOT, the applicant must follow the accommodations request procedures as if they are applying for the first time. Documentation must specifically indicate the need for and support the additional or different accommodation(s) request.

- **Failing any Examination is not a reason to request Special Accommodations for future testing.**

- Candidates are required to submit a written description of how the accommodations that are requested are implemented in their current activities. If a reader or auditory accessories are requested, clear documentation of use of such assistance or devices must be provided.

Specific Protocol:

- **For candidates with learning disabilities,** standardized test results are required, along with diagnosis of the learning disability from a health care professional. If the professional diagnosis is more than two (2) years old, the diagnosing professional must provide rationale as to why no updating of the assessment is needed. *PLEASE NOTE: NBCOT will not accept a diagnosis of a learning disability that is more than three (3) years old, or if the diagnosis was made before a candidate was 18 years of age. Also, for candidates with other mental disorders, the documentation can be no more than three (3) years old.*

- **" Computer or Test Anxiety", by itself, is not a disability that substantially limits a major life activity and is not considered.**

- **For candidates with cognitive or memory deficits,** which is the result of a physical disability or injury (e.g., head trauma/brain injury, surgery), you must submit a comprehensive report (e.g., neuropsychological, psycho-educational) of the standardized assessments (e.g., Wechsler Adult Intelligence Scale, Woodcock-Johnson, Nelson Denny Reading Test) administered, which quantify the degree of deficit and identify your functional limitations as well as documentation of the injury itself.

- **For candidates with physical or health-related disabilities (e.g., blindness, deafness, diabetes),**

****** Copies of medical records are not necessary; however, you must provide sufficient documentation/detail from a physician that confirms the diagnosis of a physical or health-related "disability that substantially limits a major life activity. That is, the individual experiences substantial impairment in such activity as caring for one's self, hearing, seeing, learning, or walking, in more than one setting (e.g., work, school, socially). Pregnancy is not a "disability" in itself; however, if you are pregnant and have a resulting medical complication that results in your being "disabled", you may be eligible for certain special testing accommodations. Use of a Diabetic Insulin Pump is an approved device but must be inspected at the test center.

- **For the Health Care Professional:**

  - **Regardless of when the original diagnosis of a disability was made, a health care professional must have current knowledge (within the last (3) years) of the candidate's disability and its impact on major life activities. The Health Care Professional must have diagnosed, evaluated, treated or consulted with the candidate within the last three (3) years.**

    The Health Care Professional must be a licensed or an otherwise qualified professional whose credentials are appropriate to diagnose and evaluate the candidate's disability that is being claimed. Verification of qualifications may be verified.

    - For a candidate with a mental impairment/disability (e.g., mood disorder, attention deficit disorder or a specific learning disability), the professional must be a Licensed Psychiatrist, Psychologist or Educational Specialist with specific professional training and credentials recognized as appropriate for diagnosing such mental disorder or learning disability.
    - The professional should include identification and classification of the disorder as referenced in the DSM-IV.

- Testing recommendations made should be reasonable and appropriate for the candidate's documented disability and should not fundamentally alter the measurement of the knowledge and/or skills that the examination is intended to assess.

- Recommendations for accommodation and any history of accommodations are considered, however, these are not binding. A history of accommodations does not guarantee accommodations for this examination or for the same accommodations the candidate has received in the past.

- The accommodation(s) recommended must be based on the professional's overall knowledge of the candidate, the candidate's major life activities and on examination performance under the standard testing conditions outlined in this document.

- If the candidate received no testing accommodations during higher education, the professional should provide a written explanation as to why accommodation is being requested now for this examination. Attach an additional sheet to the accommodations application.

- **Please include a letter on your professional letterhead to include the following:**

Documentation from the Health Care Professional MUST:

Provide specific diagnostic data (e.g., test results for a learning disorder or other criteria for diagnosis identified, interpretation of the scores) in support of the diagnosed disability. The documentation/report (e.g., psycho-educational evaluation) should include.

- Name and title of the professional;
- Dates of evaluation/observation and treatment (including month, day and year first consulted and month, day and year last consulted).
- Date of report;
- Reasons for referral; diagnosis
- Brief overview of general observations and identification of those behaviors that satisfy the DSM-IV criteria for diagnosis;
- History of the course of the disability, length of the condition, current functioning and the impact of the disability on major life activities and on the ability to test under standard testing conditions;
- The impact of the impairment as a "disability" in more than one setting (e.g., work, school, social interaction);
- Tests utilized and test scores (sub and total) and their interpretation (required for persons with learning disabilities);
- Multi-axial format for DSM-IV Classification codes or listed diagnosis;
- Test accommodations recommendations.
  - Establish that a particular accommodation is necessary. If accommodations are different that those that may previously have been given, a clear diagnostic report that includes why new or different accommodations are necessary.

If any questions on the process of requesting Special Accommodations need to be clarified, please contact the NBCOT office at: (866) 466-2268 during the hours of 9:15 am and 5:00 pm EST, Monday through Friday.

The National Board for Certification of Orthopaedic Technologists, Inc. does not discriminate against any individual because of race, ethnicity, gender, age, creed, disability, religion, marital status, sexual orientation, national origin, or any other characteristic protected by law.

The NBCOT reserves the right to amend the special accommodation procedure at any time for compliance.

Applicant Responsibility for Requesting Special Testing Accommodations:

Testing administration is provided through ISO-Quality Testing, Inc. a division of Schroeder Measurement Technologies, Inc.

All Examinations are administered by means of Computer Based Testing (CBT) during the entire months of February, June, August and November each year.

Depending on the Special Testing Accommodations requested and approved, testing administration may need to be set for the approved accommodations to be given outside of these posted testing administration months.

Approved Special Testing Accommodations are coordinated by the current ADA Coordinator from ISO-Quality Testing, Inc. a division of Schroeder Measurement Technologies, Inc.
Testing appointments are arranged and finalized with the Testing Center by the ADA Coordinator.

Every option to accommodate a candidate for the approved accommodation is investigated to make an appointment convenient for the candidate. Test Center, Proctor and related Staff needed for the approved accommodation are involved in assisting the ISO-Quality ADA Coordinator with securing the appointment date.
The approved Candidate will work directly with the ADA Coordinator to choose the date for testing administration.

Upon the date being confirmed, the Testing Center admission documentation is emailed to the approved Candidate by the ADA Coordinator of IsoQuality Testing, Inc. All admission documentation that the Candidate was issued in this email must be brought to the testing center by the Candidate.

Failure to bring this admission documentation will automatically cancel this set appointment for testing. The Candidate is considered a "No Show" and all fees associated with that test date are forfeited.
All Cancelation, Postponement, Rescheduling and No Show requirements and fees are found within the Candidate Handbooks for the OTC and the OT-SC Examinations.

A current Examination Application with all supporting documentation for the eligibility route the Applicant is filing under if required is to be mailed to the NBCOT office.

The "Request for Special Examination Accommodations" form (found within this document) and all required fees associated the Examination must be received from the Applicant 45 Business Days before the posted application deadline for the testing month the Applicant is applying for.

Application deadlines are found from the "General Exam Info" tab of www.nbcot.net, and found within the Candidate Handbooks for the OTC and the OT-SC Examinations.
Applications received less than 45 Business Days of any posted Examination Deadline will not be processed. Application will be returned by Certified US Mail.

The Health Care Professional "Documentation of Disability Needs" form (found within this document) must be completed and mailed by the Health Care Professional 45 Business Days before the posted application deadline. Supporting documentation related to the Applicants disability required is outlined within the "Health Care Professional" section of this document.
Documentation from the Health Care Professional that is received less than 45 days of any posted Examination Deadline will not be processed. Documentation will be returned by Certified US Mail.

Applicants for Special Examination Accommodations should strongly advise the Health Care Professional of the posted deadline of your application and the importance of their participation in assisting you with your request for Special Testing Accommodations.
Application deadlines are found from the "General Exam Info" tab of www.nbcot.net, and found within the Candidate Handbooks for the OTC and the OT-SC Examinations.

Steps to Apply:

1: The "Applicant" must complete the " Request for Special Testing Accommodation Form."
Briefly note what accommodations you are requesting on this form adding additional information you may feel necessary to report in the "Comments" area.
This form is found at the end of this document.

This completed form is to be included in the Examination Application packet being mailed by you to the NBCOT Office.
Mailing information is found on the cover sheet of the Application. Be mindful of mailing your Application to be received 45 Business Days prior to the posted application deadline.

Inclusion of this form serves to alert the NBCOT office that the required forms and supporting documentation from your Health Care Provider should be anticipated to be received by the NBCOT office 45 calendar days before the posted deadline for the examination cycle that you are applying for.

2: The "Applicant" is required to print the "Health Care Professional Form for Special Testing Accommodations" and deliver it to the reporting Health Care Professional for filing by their office to the NBCOT.

a. The Applicant is required to sign and date this form at the top. By doing so, you are authorizing the release of information and required documentation by your Health Care Professional to the NBCOT and any entity required to participate in approving your requested accommodation(s).

3: The "Applicant" is required to complete and submit a current Examination Application for the OTC or the OT-SC Examination which they are applying to be seated for. *Supporting documentation of eligibility is to be included if required for the eligibility route as outlined in the application.*

a. Current Applications for Examination is found on www.nbcot.net within the "OTC" or "OT-SC" Examination tab.

b. Applicant is to mark the check box on the Examination Application in the "Status" area at the top of page 3 that states " I am applying for ADA Accommodations."
Doing so will alert the NBCOT office that the "Request for Special Accommodations Form" is enclosed within the Application mailing.

c. Examination Application including all fees and Special Testing Accommodation Form is <u>mailed together</u> to the NBCOT Office. Mailing address is found on the front cover of the application. *It is strongly suggested that all submissions are sent by a carrier that offers tracking service, or signature confirmation. Certified Return Receipt Requested US Mail an example of these services.* ***Applications cannot be sent by fax or electronically submitted.***

Application Fee and Testing Fee(s) must be included with the Examination Application.

Testing Fees:

Fees are processed at the conclusion of the approval and acceptance by you of your request for Special Testing Accommodation(s).

If your application is denied, or your request(s) for Special Accommodation(s) is not approved by the NBCOT and accepted by you, Testing Fee(s) will not be processed.

If payment for Testing Fee(s) was to be made by credit card, the credit card will not be processed.

Any Bank issued Check, Group/Hospital Check or Money Order sent with any application will not be processed until your accommodations have been approved and accepted by you the applicant. Such paper payment will be returned in its original form to the remitter if an application or accommodations are not approved or withdrawn.

Application Fee:

If applicable to the Applicant, the Application Fee will be processed upon receipt of the Examination Application as any application submission would be processed.

The Application Fee has nothing to do requesting for Special Testing Accommodations.

This fee covers any validation costs associated with the verification and validation of the eligibility route any Applicant is applying under. This fee is non refundable to all applicants.

***All eligibility requirements for the examination that you are applying for must be met. All supporting documentation for any eligibility route, if required, is to be sent with the application. Eligibility for consideration for any NBCOT certification examination is based on meeting one of the stated eligibility routes in its entirety on any application at the time of application. Eligibility for "Special Testing Accommodation(s)" is considered separately from all examination applications. A candidate must be fully eligible for the examination that they are applying for OUTSIDE of the need for any accommodation(s) that may be requested.**

Qualified Health Care Professional's Responsibility:

A Licensed, Certified, or otherwise qualified disability professional whose credentials are appropriate to diagnose, evaluate, and/or treat the claimed disability must complete the Health Care Professional Accommodation Form for Special Testing Accommodation(s). Qualifications may be investigated and qualified before a decision is rendered for any applying applicant.

"The Health Care Professional Accommodation Form for Special Testing Accommodations" must be completed and submitted by the diagnosing Health Care Professional.

All submissions and documentation are to be directly mailed from his/her office and separate from the applicants OTC or OT-SC Examination application for consideration.

Please note: All forms, including any medical information submitted from a candidate and/or from any qualified "Health Care Professional" is considered "Confidential" by the National Board for Certification of Orthopaedic Technologists, Inc. Only those entities authorized by the NBCOT, Inc. and directly required to be involved in the determination decision(s) process are given access to any and all documentation provided to the NBCOT, Inc. for an appropriate decision or determination(s) to be made.

Special Accommodation Request Forms:

Special Accommodations forms are found at the end of this document. This document with forms attached is also found on the NBCOT website www.nbcot.net within the "OTC" Exam, "OT-SC" Exam tab.
You may also contact the NBCOT office at (866) 466-2268 to request any document or form to mailed to you.

Mailing Instructions: It is advised that all materials be sent to the NBCOT office by Certified US Mail, Return Receipt Requested. This will ensure that your forms and application packet will be signed for as received. Any charges that an applicant or "Health Care Professional" may incur for mailing as described above, are not the responsibility of the NBCOT. Mailing of any forms, documentation, application or required forms sent by any other means will be treated as regular mail and sent at your own risk.

All Examination Applications, "Request for Special Testing Accommodations" form, the "Health Care Professional Form for Special Accommodations" with supporting documentation must be submitted as described above Forty Five (45) Business days before the posted deadline for the examination month that an applicant wants to sit for, and be received at:

NBCOT, Inc.
Special Accommodations
4736 Onondaga Blvd. #166
Syracuse, NY 13219-3304

Review Process:

Accommodations must be completely reviewed and a decision rendered before your "Special Accommodations Authorization to Test" letter is issued to you. No one is authorized to contact the testing company to schedule testing unless you have received your authorization to test letter. There may be times during the review process that additional information is requested. The delay in obtaining that information may affect the decision time to complete an applicant's request. Applicants should plan accordingly and consider the time it will take to have all the required documentation received to the NBCOT office. Many factors beyond the applicant's control, and/or the NBCOT's control may influence the processing time of any Special Accommodation request.

Standard time allotted for thorough validation and consideration for Special Accommodations is forty five (45) Business days. Federal Holiday closures of any office will affect this time line and should be taken into consideration when mailing documentation and Applications.

The NBCOT office does not communicate on the status on any application, including confirmation of receipt by telephone. All correspondence relating to any application or its status may be done by US Certified Mail Return Receipt and/or by secure E-Mail to the Applicant only.

It is strongly recommended that all materials be sent to the NBCOT office by Certified US Mail, Return Receipt Requested. This will ensure that your packet has been signed for and received.

If an applicant's accommodation request is *approved*, they will be mailed a Special Accommodation Notice. This will include the outline of the approved accommodation(s). The candidate is required to sign and mail back to the NBCOT the original Special Accommodation Notice acknowledging acceptance of the approved accommodations.

This letter is required to be signed by the candidate and must be notarized. Once the signed notarized notice is received back to the NBCOT office as described in the instructions, the candidate will be mailed and/or e-mailed a "Special Accommodations Authorization to Test" letter.

At that point, the candidate may then proceed to schedule their examination with the assistance of the ADA Coordinator assigned to them by ISO-Quality Testing. Information relating to appointment scheduling and contact information for the ADA Coordinator is released and outlined in the "Special Accommodations Authorization to Test" letter.

All mailing is sent to the Candidate via Certified US Mail, Return Receipt Required. If the candidate is not the person signing for the certified letter/package, this may delay the scheduling of any examination.

Please be aware that if additional personnel or time allotments are required to accommodate any appointment for testing, the dates that will be offered to an approved candidate to choose from are at the sole discretion(s) of the testing center, the proctor and/or the additional personnel (such as a reader). Please plan your availability accordingly for the month that you would like to test. The candidate will have at least 2 dates to choose from.

If your Special Accommodations request is *denied*:

You will be notified of denial and you will be provided with instructions on how to appeal the decision by US Certified Mail Return Receipt Required. Your written appeal should be post-stamped by the US Postal Service (not by office postal machine tape) no later than ten (**10**) Business Days after receiving the denial notice.

The decision on appeal is considered final. Your Authorization to Test letter will only be generated when the decision on your accommodation request is final, including any filing of an appeal.
Appealing a decision will delay the approval of any application.

National Board for Certification of Orthopaedic Technologists, Inc.
4736 Onondaga Blvd. #166, Syracuse, NY 13219-3304

"Request for Special Examination Accommodation(s)"

INCLUDE THIS FORM WITH YOUR OTC or OT-SC Application.

TO BE COMPLETED BY APPLICANT: (Please PRINT or TYPE all responses)

To request Special Examination Accommodation for a disability covered under the current ADA guidelines, please submit this form with your Examination Application.

NBCOT must receive this form, your Health Care Professional Special Accommodations Form completed which includes their evaluation of your disability, the appropriate accommodations recommended, supporting documentation from their evaluation(s) and testing forty five (45) Business Days prior to the posted deadline of the examination month you are requesting accommodations for.

Name _____

Street Address _____

City, State, Zip, Country _____

E-Mail Address _____@_____

Telephone Day (_____)_____ Evening (____)_____

I am applying for: (circle exam below)

OTC Exam OT-SC Exam

Exam Repeater: (circle one) Yes No
If yes, were you previously accommodated on the NBCOT exam? Yes No

Date of previous NBCOT accommodation_____

Description of Disability

Date of Disability: _____

Previous Accommodation(s) (if any), including the type of accommodation provided, the date(s) of the accommodation, and the institution or organization providing the accommodation: (you may use the back of this paper if additional space is needed)

Requested Accommodation:

I understand that NBCOT, Inc., ISO-Quality Testing, Inc, will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination by reason of my disability. I understand that NBCOT, Inc. and ISO-Quality Testing, Inc. reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination whether to provide the accommodations I have requested. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: _____ Date: _____

PLEASE NOTE THAT THE HEALTH CARE PROFESSIONAL SPECIAL ACCOMMODATION FORM MUST BE COMPLETED BY A PHYSICIAN OR LICENSED HEALTH CARE APPROPRIATE TO THE DISABILITY I AM PRESENTING FOR ACCOMMODATIONS. If the Healthcare Professional Special Accommodation form is not submitted complete, submitted late, or found to be insufficient or deficient for <u>any</u> reason your request will be denied.

National Board for Certification of Orthopaedic Technologists, Inc.

Health Care Professional Accommodation Form for Special Testing Accommodations

I,_____(printed name of Applicant), hereby authorize and request the health care professional identified below to release the information requested by the NBCOT relating to my disability and the accommodation appropriate to my disability to sit for the NBCOT examination.

Signed: _____ Date: _____

The candidate/patient identified above is requesting special testing accommodation to sit for the National Board for Certification of Orthopaedic Technologist (NBCOT) examination. NBCOT's accommodation policy requires candidates requesting accommodation to submit current documentation of the disability from an individual qualified to assess the disability. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead and complete this form. All documentation must be received within 45 days of the Applicants application deadline. The Applicant will provide this information to you.

Your evaluation should include your assessment of the candidate's disability as well as an accommodation plan. The documentation should identify the candidate's diagnosis, explain the candidate's disability, and explain how the proposed accommodation affects the disability.

The documentation should also include the following information:

- The month, day, and year the candidate/patient first consulted you:
- The month, day, and year the candidate/patient was last seen by you;
- The diagnosis of the candidate/patient's disability (including the DSM-IV-TR classification for any diagnosis of a learning disability);
- The name of the test(s) used, test scores and their interpretation;
- The length of the condition; and
- Recommended test accommodations.

If the candidate received no accommodations during higher education, you must provide a written explanation for why accommodation is being requested now for this examination. Finally, please sign the statement below and mail with your evaluation.

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL (Please PRINT or TYPE all responses).

RECOMMENDED ACCOMMODATION:

HEALTH CARE PROFESSIONAL INFORMATION

Name_____

Title and
Occupation_____

Street Address_____

_____
City State Zip Country

Telephone: (____) _____ Fax: (____) _____

Are you licensed/certified in an area that allows you to diagnose the disability? Y N

If you are licensed/certified, please identify your license/certification number:

Jurisdiction: _____ License/Certification Number:_____

If you are not licensed, please identify the credentials that allow you to diagnose the disability:
_____

HEALTH CARE PROFESSIONAL DECLARATION

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that forgoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: _____

Name (please print) _____ Date _____

Please enclose your evaluation on your letterhead with this form and mail the completed form and evaluation to: **NBCOT, Inc.**
Accommodations Dept.
4736 Onondaga Blvd. #166
Syracuse, NY 13219-3304