

In compliance with the provisions of the Americans with Disabilities Act (ADA), NCARB provides testing accommodations to candidates with certain conditions and situations, including pregnancy and nursing. NCARB is committed to ensuring the availability of reasonable accommodations by making feasible modifications to our examination procedures for candidates with documented conditions. Testing accommodations for applicants with disabilities will be made only upon the authorization of NCARB.

**NOTE: All testing accommodations must be approved prior to the scheduling of an exam appointment** for the accommodation to be available for that exam appointment. DO NOT attempt to schedule any exam appointments until you receive written notification that accommodations have been approved by NCARB. Accommodations will NOT be added retroactively to previously scheduled exam appointments and exam fees will NOT be transferred or refunded.

**Directions:** To request testing accommodations for future exam appointments, please provide documentation of past accommodations, if any, with a diagnosis by a licensed professional. Documentation must be on official letterhead and include the medical professional's license number, description of the accommodations, and how/why they are appropriate for your condition. Lastly, the diagnosis should indicate how the condition substantially limits major life activity and its anticipated duration. The ADA will be used by NCARB as a guide when evaluating testing accommodation requests. NCARB will request additional information from the candidate if required to confirm an appropriate accommodation. Send this completed form to [Testingaccommodations@ncarb.org](mailto:Testingaccommodations@ncarb.org) with the subject line "ADA Accommodation" for review and processing, which typically takes 7-10 business days to complete.

Note: If your exam eligibilities were issued by the following states, please submit this form directly to your state licensing board.

Alabama	Alaska	California	Connecticut	Delaware	Georgia	Guam	Idaho
Kentucky	Maine	Maryland	New Jersey	New Mexico	New York	Ohio	Oklahoma
Pennsylvania	Texas	Vermont	Virgin Islands	Virginia			

Candidate Name: (Last, First) \_\_\_\_\_

NCARB Record No: \_\_\_\_\_

Registration Board: \_\_\_\_\_

Candidate's Diagnosis:

**Please check the documentation included as part of this application:**

- Letter of diagnosis and accommodation requested from appropriate licensed professional.
- Documentation of past testing accommodations (if available).

This section must be completed by the appropriately licensed professional making the diagnosis.

**Please check all accommodations requested:**

- Extended Test Time +50%
- Additional breaks that stop the testing time clock (up to 2 hours maximum)
  - +15
  - +30
  - +45
  - +60
  - +75
  - +90
  - +105
  - +120
- Separate testing room
- Other – Please describe in detail the testing accommodation requested.

Please provide any additional comments to support this testing accommodations request:

Licensed Professional's Name : \_\_\_\_\_ Title: \_\_\_\_\_

Licensed Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensure Type/License Number (required): \_\_\_\_\_

***For candidates whose exam eligibilities have been issued by one of the states listed on page 1, only, this section must be completed by a representative of your licensing board. All other candidates should leave this section blank.***

The Licensing Board (or designee) has determined that the above-named candidate is qualified for testing accommodations.

The Licensing Board (or designee) is familiar with current NCARB policies and procedures related to testing accommodations and has determined that the requested accommodations are in accordance with the intent expressed in the policy statement and with the specific requirements set forth in the procedure.

Board Representative's Name: \_\_\_\_\_

Board Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_