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Guidelines for Special Testing Accommodations

PANCE, PANRE and Pathway II

The NCCPA complies with the Americans with Disabilities Act (the “ADA”) and provides reasonable and appropriate accommodations for examinees with documented disabilities and for other examinees with qualifying medical conditions that may be temporary or are not otherwise covered by the ADA. Examinees are informed of the availability of test accommodations in each exam’s application materials and on NCCPA’s Web site.

Revised 3/3/2009

Accommodations are provided on an individual basis and depend on the nature of the disability or medical condition, documentation provided and the requirements of the examination. NCCPA will make reasonable efforts to provide the requested auxiliary aids and services to examinees who have documented disabilities or qualifying medical conditions, provided that the accommodations do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test and do not result in an undue burden to the NCCPA. **The decision as to whether a medical condition that is not covered by the ADA is a “qualifying medical condition” for purposes of an NCCPA examination is at the sole discretion of the NCCPA.**

Documentation

Appropriate documentation of a disability or qualifying medical condition must be provided by the examinee requesting special testing accommodations. The documentation must specify the extent to which testing procedures are to be modified. The accommodation requested or recommended by the professional should not be based on preferences but on disability-driven reasons, nor should it over accommodate the test taker. **Prior to considering any request for special testing accommodations, NCCPA requires receipt of the following documentation:**

1. A completed ***Information in Support of Requested Special Testing Accommodations*** form (pages 6-8 of this publication).
2. Current* personal statement from the applicant to include:
 - a) applicant’s name, signature and date;
 - b) date of disability or initial diagnosis;
 - b) description of disability or medical condition;
 - b) impact on applicant’s daily life; limitations to major life activity;
 - c) history of past accommodations, if any.
 - d) Special accommodation request and perceived benefit from same.

* *if a previous personal statement was submitted to NCCPA for special accommodations within the past calendar year; a new personal statement is not required.*
3. A report, on the official letterhead of the professional making the diagnosis, describing the applicant’s condition and its severity from a qualified professional appropriate for evaluating the disability. The report should include:
 - a) a **specific** diagnosis and the date of the diagnosis;
 - b) **specific** findings in support of the diagnosis (relevant history, tests administered, tests results in standard score format and interpretation of those test results);

- c) a description of the individual's functional limitations due to stated disabilities;
 - d) **specific** recommendations for test accommodations including a detailed explanation of why the accommodations are needed;
 - e) name, address, telephone number, qualifications and **signature** of each professional expert who provides documentation.
3. Documentation of disability and report from qualified professional must have been done within the last five years unless it is a physical or sensory disability of a permanent nature. In that case, there is no time limit on the date of the documentation of disability or report.
 4. If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.
 5. If the applicant has received prior test accommodations from a physician assistant program, a ***Certification of Prior Test Accommodations*** must be completed by an appropriate physician assistant program official. That form is provided as page 9 of this publication.

Timeline for Submitting Documentation

Documentation for special testing accommodations for any of the NCCPA examinations should be submitted to NCCPA at the time of application or immediately thereafter. Failure to provide NCCPA with the appropriate documentation in a timely manner will cause a delay in the completion of the application process and delay your ability to take the exam.

Test Accommodations

Test accommodations will be considered upon request. More than one accommodation may be selected. For NCCPA's PANCE and PANRE administrations, accommodations that have been made include, but are not limited to, the following:

- Extended testing time – Time and one half (Receive 150 % more time than regular testing time) – No Additional Break Time.
- Extended testing time – Double time (Receive 200 % more time than regular testing time) – No Additional Break Time.
- Frequent breaks/additional break time
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Reader
- Medical device not on approved Medical Aids list (for a list of allowable medical devices that do not require special accommodations, visit http://www.nccpa.net/EX_accommodations.aspx)

If you would like to request other accommodations for PANCE, PANRE or the Pathway II exam, please specify the requested accommodation in item 12 on page 6 of this application. If there are

any questions about the requested accommodations, NCCPA will contact you after reviewing this form and the documentation you have submitted.

The NCCPA reserves the right to request further verification, if necessary, of the evaluating professional's credentials and expertise relevant to the diagnosis. NCCPA also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense.

Approval/Denial of Requested Accommodations

After NCCPA has received and reviewed all documentation in support of the request for accommodation(s), the applicant will be mailed a notification of the decision regarding the requested accommodation(s). If the request has been granted, the notification will be in the form of a ***Test Accommodation Agreement*** indicating the accommodation(s) that have been approved. The applicant must sign the agreement and return it to NCCPA by the date indicated within the agreement. The application process for an applicant requesting special accommodations will not be complete until the signed agreement is received by NCCPA.

Non-specific diagnosis such as individual learning styles, learning differences, academic problems, computer phobias, slow read and test difficulty or anxiety in and or themselves do not constitute a learning disability.

If the request for accommodation(s) has been denied, the applicant will be notified in writing and provided with the basis for that decision.

If you are not satisfied with this decision, you may request a formal appeal by mailing a written, signed letter and supporting documentation to the address below, Attention: Appeals Department.

Cancellation

Applicants requesting special testing accommodations who subsequently decide not to take the examination are asked to notify NCCPA as soon as possible. Refunds of the submitted fees are processed according to the NCCPA Exam Policies and Procedures, published with NCCPA's exam applications and on NCCPA's Web site (www.nccpa.net).

Application for Subsequent Test Accommodations

The applicant must notify NCCPA of their request for special accommodations by submitting the ***Information in Support of Requested Special Testing Accommodations*** at the time of application. The following information is required:

1. A current, completed examination application with appropriate fees.
2. If a personal statement for special accommodations had not been submitted to NCCPA within the past calendar year; a new personal statement is required from the applicant and must include:
 - a) applicant's name, signature and date;

- b) date of disability or initial diagnosis;
 - c) description of disability or medical condition;
 - d) impact on applicant's daily life; limitations to major life activity;
 - e) history of past accommodations, if any.
 - f) Special accommodation request and perceived benefit from same.
3. Updated documentation of disability and report from qualified professional if previously submitted documentation of disability and report from qualified professional was not done within the last five years unless it is a physical or sensory disability of a permanent nature. In which case, there is no time limit on the date of the documentation of disability or report.
 4. If there is a change in the nature or extent of the disability and/or additional or different accommodations are being requested, documentation for change must be submitted to NCCPA as if this were a first time request for special accommodations.
 5. A completed **Information in Support of Requested Special Testing Accommodations** form (pages 6-8) included in this packet.

**INFORMATION IN SUPPORT OF REQUESTED
SPECIAL TESTING ACCOMMODATIONS**

This form and documentation from a professional qualified to evaluate the disability or qualifying medical condition must be submitted upon application or immediately thereafter.

Review of a request for test accommodations will not begin until all of the necessary documentation is received. Failure to provide NCCPA with the appropriate documentation in a timely manner will cause a delay in the completion of the application process and delay your ability to take the exam.

Mail or fax the completed form to NCCPA.

Please type or print.

1. Please check the examination for which you are requesting accommodations.

PANCE

PANRE

Spring 2009 Pathway II (*March 11 – April 25, 2009; application deadline January 9, 2009*)

Fall 2009 Pathway II (*August 12 – September 25, 2009; application deadline June 12, 2009*)

2. NCCPA ID #: _____

3. Name: _____
 First Middle Initial Last

4. Address: _____
 Street

 City State/Province Zip Code

5. Work Phone: _____ 6. Home Phone: _____

7. Cell Phone: _____ 8. Date of Birth: _____

9. E-mail Address: _____

10. Nature of Disability or Medical Condition:

- | | |
|---|--|
| <input type="checkbox"/> Chronic Health Problem | <input type="checkbox"/> Temporary Accidental Injury |
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physical Disability | |

11. **Attach a Personal Statement:** In order to document your need for accommodation(s) as completely as possible, please attach, in addition to professional documentation, a current personal statement to include:

- a) applicant's name, signature and date;
- b) date of disability or initial diagnosis;
- c) description of disability or medical condition;
- d) impact on applicant's daily life; limitations to major life activity;
- e) history of past accommodations, if any.
- f) Special accommodation request and perceived benefit from same.

** if a previous personal statement was submitted to NCCPA for special accommodations within the past calendar year; a new personal statement is not required.*

12. In what year was your disability first diagnosed? _____

13. What accommodation(s) are you requesting? **Accommodation(s) must be appropriate to the disability and medical condition and supported by a qualified professional's specific recommendation(s).**

PANCE and PANRE only (More than one Accommodation can be Selected)

- Extended testing time - Time and one half (Receive 150 % more time than regular testing time) – No Additional Break Time.
- Extended testing time – Double time (Receive 200 % more time than regular testing time) – No Additional Break Time.
- Frequent breaks/additional break time
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Reader
- Medical device not on approved Medical Aids list (for a list of allowable medical devices that do not require special accommodations, visit http://www.nccpa.net/EX_accommodations.aspx)

Other Requests for PANCE, PANRE or Pathway II (Please specify.)

14. Previous test accommodations received in testing situations or in educational settings:

a) NCCPA Examination: _____ Month/Year: _____

Accommodation(s) received: _____

(If extra time, note amount given: _____)

b) Other Standardized Examination: _____ Month/Year: _____

Accommodation(s) received: _____

(If extra time, note amount given: _____)

c) Educational Setting

Physician Assistant Program: _____ Month/Year: _____

Accommodation(s) received: _____

(If you have received accommodations from a physician/surgeon assistant program, have an appropriate official at your program complete the enclosed *Certification of Prior Test Accommodations form.*)

Secondary or elementary school: _____ Month/Year: _____

Accommodations received: _____

15. **Certification/Authorization:**

I certify that the above information is true and accurate. If further information is required regarding the documentation provided, I authorize the NCCPA, or its designee, to contact the professional(s) who diagnosed the disability or medical condition and/or entities which have granted me test accommodations. I authorize such professional(s) and entities to communicate with the NCCPA, or designee, in this regard to provide NCCPA with such clarification and/or further information. I understand that the decision as to whether a medical condition that is not covered by the ADA is a “qualifying medical condition” for purposes of an NCCPA examination is at the sole discretion of the NCCPA.

Signature: _____ **Date:** _____

National Commission on Certification of Physician Assistants, Inc.

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CERTIFICATION OF PRIOR TEST ACCOMMODATIONS

This form must be completed by a school or program official responsible for student disability services. The completed form should be submitted to NCCPA by the exam application deadline. Please mail or fax the form to NCCPA.

Please type or print.

Applicant's Name: _____

Social Security #: _____

1. I, _____,
Name
hold the position of _____.
Title

2. I certify that _____ has officially
Name of Institution
approved and provided the following accommodation(s) for the above applicant beginning
on _____.
(Month/Year)

3. Accommodation(s) provided:

4. Reason for provision of accommodation(s):

Signature _____ Date _____

(_____) _____
Area Code Telephone Number