

## **Guidelines for Special Accommodations for Exam Takers with Disabilities**

The NCCPA complies with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) 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 ADAAA. Examinees are informed of the availability of test accommodations in each exam's application materials and on NCCPA's web site.

The ADAAA defines a disability as a physical or mental impairment that substantially limits one or more of the major life activities of the individual such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working. An individual is not substantially limited in a major life activity if the limitation does not amount to a significant restriction when compared with the abilities of the average person.

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, functional impairments, or qualifying medical conditions, **provided that the functional impairment has been demonstrated through documentation, 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 ADAAA is a "qualifying medical condition" for purposes of a NCCPA examination is at the sole discretion of the NCCPA.**

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

NCCPA examination applicants may request accommodations for the examination by returning the request form that is included in this document. The completed form will serve as a signed, written request.

The special accommodations request form and 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 supporting documentation in a timely manner will cause a delay in the review and completion of the application process and delay your ability to take the examination.

An examination for an examinee who requests an accommodation cannot be administered until NCCPA has evaluated the request and documentation, which may require additional information or documentation, and arrange for any special accommodations that are approved.

Requests for accommodation will be maintained separately from the application and used only for internal tracking purposes.

### **Documentation Requirements for All Disabilities**

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.** All reports should be on letterhead, typed in English, dated, signed, and legible.

1. A completed Special Testing Accommodations Request form (pages 6 and 7 of this publication).
2. A signed, typed, and dated personal statement request for accommodations, describing in detail the candidate's functional limitations due to the disability including the following:
  - a. Applicant's name, signature, and date
  - b. Detailed description of disability or medical condition

- c. Date of disability or initial diagnosis
- d. Description of disability, functional impairment, or medical condition
- e. Impact on applicant's daily life and day-to-day functioning – **limitations to major life activity**
- f. Historical documentation of impact on learning, functioning and impact on daily life, and limitations to major life activity
- g. History of past accommodations, if any
- h. Explanation of reason why no previous accommodations, if applicable
- i. Special accommodation request and perceived benefit from same

\* ***If a previous personal statement was submitted to NCCPA for special accommodations within the past twelve months; a new personal statement is not required.***

3. Signed, typed and dated current documentation of the disability by a qualified professional. The documentation must be based on professional testing, which was performed by a qualified professional. What constitutes current documentation will vary with the specific disability, but will generally have been completed less than five years previous to the request to NCCPA. Documentation must include all of the following:
  - a. The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and state in which the individual practices must be clearly stated in the documentation
  - b. The date and location of the assessment upon which each professional's report is based
  - c. The name of the specific disability diagnosed
  - d. The specific impact on daily life activities and day to day functional limitations to major life activities.
  - e. The specific examination accommodations that are requested to compensate for those limitations
  - f. Contact information including address, telephone number, and/or e-mail address of each professional providing documentation
4. A detailed description of the cognitive functioning tests that were conducted and the results of those tests if the disability is due to cognitive impairment.
5. A detailed description of the psychological, educational, and/or cognitive functioning tests that were conducted and the results of those tests; and a history of the impact of the disability on academic functioning if the disability is due to a learning disability or attention deficit/ hyperactivity disorder (ADD or ADHD).
6. Reports of past accommodations, if any, the candidate received on examinations because of the disability and, if no previous accommodation was made, a detailed explanation of the reasons no accommodation was given in the past and the reason one is needed now.
7. Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional's letterhead.
8. Description of treatment and rehabilitation. Describe all treatment and efforts at remediation that the candidate has undergone and the results of the treatment. Also, describe how disability is accommodated in daily life.
9. A description of the requested accommodation.
10. If the applicant has received prior test accommodations from a physician assistant program, a Certification of Prior Test Accommodations form must be completed by an appropriate physician assistant program official, which is provided on page 8 of this publication.

**Definition of a Qualified Professional**

A qualified professional is someone with the credentials, training, and expertise to diagnose the disability the individual is claiming. The primary relationship of the attesting professional to the individual must be that of a treating medical professional to a patient; there must be no familial, intimate, or other close relationship between the qualified professional and the individual requesting accommodations.

**Auxiliary Aids not Requiring ADA/AA/Special Accommodations**

Auxiliary aids can be offered only if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test and if they would not result in an undue burden to NCCPA or Pearson VUE.

The following medical aids do not require special accommodations. However, any small items such as pills, inhaler, eye drops, glucose meter, etc. need to be brought to the test center in a small plastic bag (no larger than quart size) in order to be taken into the testing room:

- Tissues, such as Kleenex
- Unwrapped cough drops or pills in a clear plastic baggie and not in a bottle/container
- Pillow for supporting neck, back, or injured limb
- Eyeglasses (without the case)
- Hearing aids
- Ear plugs (or proctor can provide a candidate with a set of disposable earplugs)
- Braces (for example: wrist braces, leg braces, neck braces, etc.)
- Neck collars (for neck injuries)
- Crutches
- Wheelchairs
- Motorized chair or scooter
- Bandages/casts - including eye patches, slings for broken/sprained arms and other injury-related items that cannot be removed)
- Cane, walkers, or other medical walking aid
- Eye drops
- Inhaler
- Paper face mask
- Insulin pump or other medical device **attached to a person's body**
- Glucose Meter (**only if attached to a person's body**)

### **Test Accommodations**

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

- Extended testing time – Time and one half (50% more time than regular testing time) – No Additional Break Time.  
*Note:* For PANCE, the exam is taken over a two day period.  
For a CAQ exam, this accommodation includes 15 minutes of break time.
- Extended testing time – Double time (100% more time than regular testing time) – No Additional Break Time.  
*Note:* For PANCE and PANRE, the exam is taken over a two day period.  
For a CAQ exam, this accommodation includes 15 minutes of break time.
- Frequent breaks (additional break time)
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Reader (if a reader is requested and approved, an accommodation of a separate room is also required)
- 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](http://www.nccpa.net/EX_accommodations.aspx))

If you would like to request other accommodations for PANCE, PANRE or the CAQ exam, please specify the requested accommodation on page 8 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.

### **Review of Requested Accommodations**

NCCPA will consider requests for special accommodations following receipt of all necessary documentation in support of the request for accommodation(s) according to professional diagnostic standards. When reviewing special accommodations requests four areas will be considered by NCCPA: diagnostic evidence, objective evidence, historical evidence, and clinical judgment.

The following are descriptions of the four areas considered by NCCPA:

Clinical Judgement: The medical professional's opinion of how the disability affects the PA's ability to take an exam. A professional summary.

Historical Evidence: When several of the following has occurred: prior confirmed diagnosis, medications prescribed/used in the past, intervention or therapy used in the past, informal accommodations received in the past,

Diagnostic Evidence: Test Scores if cognitive disability, medical diagnostic results if a medical diagnosis. ICD-9 Code or DSM IV (Psychological)

Objective Evidence: The PA has a complete psycho-educational or neuropsychological report with psychometric data or medical report. The report is completed by a qualified professional.

The applicant will be mailed or e-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 test agreement. The application process for an applicant requesting special accommodations will not be completed until the signed agreement is received by NCCPA. If the request for accommodation(s) has been denied, the applicant will be notified 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. Appeals of ADA/AA accommodation decisions must be accompanied by a clear rationale and previously unsubmitted supporting documentation. The appeal procedure applies only to requests for accommodations due to disabilities as defined under the ADA/AA.

### **Cancellation**

Applicants requesting special testing accommodations who subsequently decide not to take the examination are asked to notify NCCPA in writing 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](http://www.nccpa.net)).

Applicants requesting to have their special accommodation request removed must do so in writing as soon as possible. Due to the timing of the request, it may be necessary to withdraw the applicant's examination application and transfer it to a new one without special accommodations.

### **Application for Subsequent Test Accommodations**

It is important to recognize that accommodation needs can change over time and are not always identified through the initial evaluation process. Conversely, a prior history of diagnosis and accommodation, without demonstration of a current need, does not in and of itself warrant the provision of an accommodation. The request for an accommodation nor its approval will be automatically be based on the same accommodation previously approved. Each request and approval of same is dependent upon the current diagnosis and need for the accommodation as well as the length of the examination being taken.

For subsequent special accommodations testing requests the following must be submitted to NCCPA at the time of application or immediately thereafter, depending on the amount of time since the previous special accommodation request and date of documentation.

1. For each and every examination application, the special accommodations request form must be filled out and submitted to NCCPA at the time of application or immediately thereafter.
2. If a previous personal statement was submitted to NCCPA for special accommodations within the past twelve (12) months; a new personal statement is not required.
3. If a previous personal statement was submitted to NCCPA more than a year ago, a new personal statement must be submitted as detailed on page 2.
4. If previous documentation of the disability by a qualified professional is more than five years old, updated documentation must be received as detailed on page 2. The updated documentation must include details regarding any changes in the disabilities, improvements, adjustments, medication, etc.
  - a. The name, address and telephone number of all professional(s) providing reports that document the disability
  - b. The date and location of the assessment upon which each professional's report is based
  - c. The name of the specific disability diagnosed
  - d. The specific limitations that the disability imposes on test taking

- e. Updated documentation and reporting on any changes including improvements regarding the candidate's disability
- f. The specific examination accommodations that are requested to compensate for those limitations
- g. Contact information including address, telephone number, and/or e-mail address of each professional providing documentation

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.

### **A Documentation Update**

If the documentation provided by the candidate does not meet NCCPA documentation requirements, candidates have the option to submit new and/or additional documentation. A documentation update is a report by a qualified professional that includes a summary of the original disability documentation findings as well as additional evaluation data necessary to establish the candidate's current eligibility and the appropriateness of the requested testing accommodation(s).

The summary in a documentation update should include:

1. A restatement of the diagnosis, including date(s) for all prior diagnosis and data that were used to establish the diagnosis. Evidence regarding the continued persistence of the diagnosis should be more than a self-report by the test taker
2. An update that verifies the continuing weakness in those areas identified as weak in prior evaluation(s)
3. Current functional limitations due to the disability, including information regarding its duration, severity, and impact on academic performance in general and test taking in particular.  
*Note: Functional limitations refer to an impairment that significantly restricts or prevents an individual from performing a major life activity (e.g., learning, walking, breathing, talking, etc.)*
4. Observations gathered during the evaluation of behavior such as affect, concentration, attention fatigue, executive functioning, and fluency
5. History and types of accommodations received and used, consistency and circumstances of use (e.g., the type of test for which accommodations were most helpful), or an explanation of why no accommodations have been used prior to the current request and why they are essential now.
6. Discussion of the appropriateness of the requested accommodations for NCCPA tests, including objective evidence confirming that performance would be negatively affected without the requested accommodations.

Additional evaluation data should include:

1. Achievement measures that substantiate the ongoing impact of the disability on academic performance.
2. The updated evaluation need not include a full battery of tests but should include selected academic tests and subtests deemed appropriate to support current eligibility.
3. There should be an explanation of why certain subtests were selected for the update, interpretation of the scores obtained, and a discussion of relevant error patterns based on the candidate's scores.
4. Assessment of cognitive functioning is necessary only if the existing documentation does not contain adequate and age-appropriate information to establish the disability status.
5. An update of intellectual functioning is generally not necessary if the WAIS-III, or other comparable measure was previously used, given that intellectual functioning is typically stable in adulthood.

In conclusion, the extent of retesting required for a documentation update is applicant specific and depends on how closely the initial documentation report complies with the prevailing professional standards and NCCPA documentation guidelines.



## SPECIAL TESTING ACCOMMODATIONS REQUEST FORM

***This form and all required supporting documentation as detailed in the Guidelines for Special Testing Accommodations must be submitted upon application or immediately thereafter.***

***Review of a request for special accommodations will not begin until all of the necessary and required 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 print**

NCCPA ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
                                    First                                    Middle Initial                                    Last

Address: \_\_\_\_\_  
                                    Street  
\_\_\_\_\_  
                                    City                                    State/Province                                    Zip Code

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

- PANCE
- PANRE
- CAQ Exam

**Nature of Disability or Medical Condition:**

- Chronic Health Problem
- Temporary Accidental Injury
- Hearing Disability
- Visual Disability
- Learning Disability
- Other \_\_\_\_\_
- Physical Disability

In what year was your disability first diagnosed? \_\_\_\_\_

**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). The decision on the special accommodation granted, if any is the sole discretion of NCCPA based on the submitted supporting documentation.

**PANCE, PANRE and CAQ (More than one Accommodation can be Selected)**

- Extended testing time - Time and one half (50% more time to complete exam) – No Additional Break Time.  
Note: For PANCE, the exam is taken over a two day period.  
For a CAQ exam, this accommodation includes 15 minutes of break time
- Extended testing time – Double time (100% more time to complete exam) – No Additional Break Time.  
Note: For PANCE and PANRE, exam is taken over a two day period.  
For a CAQ exam, this accommodation includes 15 minutes of break time.
- Frequent breaks/additional break time
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Reader (if a reader is requested and approved, an accommodation of a separate room is also required)
- Other:

**Other Requests for PANCE, PANRE or CAQ Exam:** (Please specify.) \_\_\_\_\_

**Previous test accommodations received in testing situations or in educational settings:**

1. **NCCPA Examination:** \_\_\_\_\_ Month/Year: \_\_\_\_\_

Accommodation(s) received: \_\_\_\_\_

(If extra time, note amount given: \_\_\_\_\_)

2. **Other Standardized Examination:** \_\_\_\_\_ Month/Year: \_\_\_\_\_

Accommodation(s) received: \_\_\_\_\_

(If extra time, note amount given: \_\_\_\_\_)

**\* Must submit documentation to NCCPA**

3. **Educational Setting**

a. Secondary or elementary school: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Accommodations received: \_\_\_\_\_

**\* Must submit documentation to NCCPA**

b. Physician Assistant Program: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Accommodation(s) received: \_\_\_\_\_

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

**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 the appropriate documentation has been submitted, a medical condition that is not covered by the ADA is a "qualifying medical condition" for purposes of an NCCPA examination and the appropriate accommodation needed if any is at the sole discretion of the NCCPA.

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***This form and all required supporting documentation as detailed in the Guidelines for Special Testing Accommodations must be submitted upon application or immediately thereafter. Please be sure the appropriate documentation is sent to NCCPA in order for your special accommodations request to be reviewed.***

# *National Commission on Certification of Physician Assistants, Inc.*

12000 Findley Road, Suite 100  
Johns, GA 30097

Tel. (678) 417-8100  
Fax (678) 417-8135

## **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: \_\_\_\_\_

1. I, \_\_\_\_\_, hold the position of \_\_\_\_\_.  
(Printed Name) (Title)

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

3. Accommodation(s) provided:  
\_\_\_\_\_  
\_\_\_\_\_

4. Reason for provision of accommodation(s):  
\_\_\_\_\_  
\_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_