



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Test Accommodation Request Form

The Department of Regulatory Agencies (DORA) Division of Professions and Occupations provides test accommodations to qualified candidates with documented disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (ADAAA) and related regulations, 28 CFR Part 35 (Nondiscrimination on the Basis of Disability in State and Local Government Services (as amended by final rule published on September 15, 2010, and effective March 15, 2011)).

- **Disability:** A physical or mental impairment that substantially limits one or more of the major life activities of an individual
- **Major Life Activities:** Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working
- **Competency Test:** An entry-to-practice qualifying examination designed to measure job-relevant knowledge, skills and abilities at the minimal level of competence that is essential to safe practice in an occupation that is regulated to protect consumers
- **Standard Testing Conditions:** Tests are administered in controlled environments and under equivalent conditions to offer examinees comparable testing experiences to demonstrate their proficiencies; Maintaining test security also is essential so that no one has an unfair advantage
- **Test Accommodation:** Changes in standard testing conditions to best ensure that when the examination is administered to an individual with a disability that impairs sensory, manual, or speaking skills, the examination results accurately reflect the individual's proficiencies with respect to the minimal competence deemed essential to safe practice in a regulated occupation
- **Documentation of a Disability:** Information from a qualified professional who has made an individualized assessment of a candidate that supports the need for test accommodation(s), given the format of the test, the candidate's disability and how the disability affects the candidate's ability to take the test under standard conditions
 - Appropriate documentation may vary depending on the nature of the disability and the specific accommodations requested; Examples to consider include:
 - Recommendations of qualified professionals familiar with the candidate; Results of psycho-educational or other professional evaluations; A candidate's history of diagnosis; Participation in a special education program; Observations by educators; or the candidate's past use of testing accommodations
 - If a candidate has been granted accommodations post-high school by a standardized testing agency, there is no need for reassessment for a subsequent examination
- **Qualified Professional:** Licensed or otherwise properly credentialed individual familiar with the candidate and possessing expertise in the disability for which test accommodations are sought
- **Limited Proficiency in the Language of the Test:** The opportunity to meaningfully learn the material assessed by the examination must be offered in the language of the test. Some regulated occupations also may require proficiency in the language of the test because it is essential to safe practice. A request for accommodations solely based on limited proficiency in the language of the test is **not** a disability within the meaning of the ADA and the ADAAA.





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INSTRUCTIONS

- Step 1:** Complete Part I, Items 1-5, of this Form (Pages 2 & 3).
- Step 2:**
 - (2a) Compile information about the test format (e.g., multiple choice; administered by computer; standard time allotted; etc.).
 - (2b) Provide a copy of all four pages of this Completed Form and information about the test format to a *Qualified Professional* (see page 1).
 - (2c) Request written documentation from the Qualified Professional for items 1-5 in Part II of this Form (page 4).
 - (2d) Request that the Qualified Professional return all pages of this Completed Form to you with the documentation. Make sure the professional signs and dates the documentation he or she returns to you.
- Step 3:** Make copies of all documents you are submitting to the Division of Professions and Occupations; Do not send originals
- Step 4:** Submit copies of this Completed Form and your Documentation of a Disability from the *Qualified Professional* to the Division **with your application materials**

PART I. To be completed by the *APPLICANT*

1. Contact Information & Permissions

- a. Name _____
- b. Mailing Address _____
- c. Phone where you may be contacted _____
- d. E-Mail Address* _____
- e. Additional person(s) you permit the Division to contact on your behalf:
 - i. Name _____
 - ii. Mailing Address _____
 - iii. Phone where person can be reached _____
 - iv. E-Mail Address* _____
 - v. Dates this authorization is valid (From): _____ (To) _____

*The Division will only send correspondence in an encrypted format, which will require the recipient to set-up a User ID and Password within 30 days of receipt of the secure e-mail to obtain the information sent by the Division.



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2. Select the competency test in which you are requesting accommodations. If your license is not listed below, you should request accommodations directly from the national test vendor that administers the examination program for your credential. Please visit the DORA Boards and Programs web site (https://www.colorado.gov/pacific/dora/boards_programs) for further information about the testing company that administers your credentialing examination.

MEDICATION AIDE AUTHORITY
 NURSING HOME ADMINISTRATOR
(STATE-SPECIFIC EXAM ONLY)

PRACTICAL NURSE
 PROFESSIONAL LAND SURVEYOR
(STATE-SPECIFIC EXAM ONLY)

PSYCHIATRIC TECHNICIAN
 REGISTERED NURSE
 OTHER: _____

3. Describe your disability(s) and how it affects your ability to take the test under standard test conditions, given the format of the test.
4. Based on the disability(s) you described above, specify the accommodation(s) you are requesting, given the format of the test. Your request must be specific. For example, if you are requesting extra time, indicate how much, etc.

5. Signature: _____ Date Signed: _____
Your signature is required to allow the Division to engage in interactive dialogue necessary to ensure your request is processed in accordance with ADA law, rules and regulations; to share pertinent information related to your request with the testing provider; and to verify the availability of accommodations with the testing service. All documentation is considered to be strictly confidential.

Process

The Division considers all requests for testing accommodations on a case-by-case basis. You will receive written confirmation of your approved testing accommodations. All inquiries related to testing accommodations may be directed to the contact information provided on your application.

Appeals

Contact the person listed on the Written Confirmation Letter to initiate the Appeals Process.



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PART II. Information to be provided by a *QUALIFIED PROFESSIONAL*

The applicant has been instructed to provide you with current information about the format of the competency test in which the applicant is requesting accommodations (e.g., multiple choice; administered by computer; amount of time allotted; etc.).

Please review the information you have received from the applicant and provide the applicant written documentation on your letterhead that addresses items 1-5 listed below.

1. Describe the applicant's physical or mental impairment(s) that specifically limit the applicant's ability to take the competency test(s) under standard conditions, given format of the test.
2. Describe the diagnostic criteria, clinical judgments and assessments you used to determine the applicant's impairment(s) identified in item #1 above.
3. What is the recommended accommodation and how does the accommodation relate to the applicant's disability, given the format of the examination? The request must be specific (e.g., if additional time is needed, indicate how much, etc.).
4. List your professional credentials, training, work experience and any licenses you hold that support your qualifications to diagnose and/or treat the applicant with respect to the above information.
5. **Sign and date** the written documentation you prepared in response to items 1-4 above. Make a copy for your records. **Return this Form and your signed and dated documentation to the applicant.**