

Request for Accommodations

Accommodations may be available to individuals with documented disabilities pursuant to the American with Disabilities Act (ADA). NHCO provides reasonable testing accommodations to candidates whose documented disabilities or other qualifying medical conditions hinder their ability to take the examination under standard conditions. To be considered for special accommodations, please complete the NHCO Request for Accommodations Form in its entirety. Please be aware that submission of a request for an accommodation does not guarantee testing accommodations. Decisions will be made on a case-by-case basis considering the information submitted and in accordance with the law.

Requests for accommodations will be processed as quickly as possible. Candidates should allow for a minimum of 1 week for processing, with the understanding that some cases may take longer.

Candidates should **include all of the required documentation with their initial request.** (see instructions below for what is required)

Candidates **MUST** register online prior to requesting accommodations by going to www.HealthCareCertifications.com/student and complete the registration process for the examination.

Candidates must complete the registration process on their own behalf.

Candidates will be notified in writing of the decision regarding their request for an accommodation.

Candidates who receive a testing accommodation are subject to the same policies as all other exam takers. NHCO reserves the right to make final judgment regarding testing accommodations.

Attachment instructions:

1. Attach a letter from an objective physician or healthcare professional qualified to diagnose the disability or medical condition and render an opinion as to the need for an accommodation. An “objective” professional is one who is not the requestor or related to the requestor. The letter must be dated within 2 years of the anticipated date of your exam. If you are a high school student, or postsecondary student who is within 2 years is actively in place. The letter or **MUST** include the following:
 - a. The specific disability/diagnosis. Mental/emotional disabilities must be accompanied by a numerical DSM-IV classification code.
 - b. A brief explanation of how this condition limits the candidate’s ability to take the exam under standard conditions.

- c. If this is not a permanent disability or diagnosis, include date first diagnosed, approximate duration, and method used to make the diagnosis.
- d. Specific accommodations required. These accommodations should be adequate without creating an unfair advantage. Please note that candidates who require extra time to complete the exam will be given 1 ½ times the standard allotted time. If more time is needed, the letter must specifically state how much time is needed and why that amount of time is required.

2. Attach the completed Request for Accommodations (next page)

3. Submit the form and all documentation to National Healthcare Certification Organization (NHCO) via email at info@healthcarecertifications.com or by mail:

Mail:

NHCO

Accommodation Requests

10808 S. Riverfront Parkway

Suite 3018

South Jordan Utah 84095

For additional information regarding NHCO Accommodation Guidelines, please click here or visit www.HealthCareCertifications.com



National Healthcare Certification Organization

NHCO ACCOMMODATIONS REQUEST FORM

To be completed by the candidate.

Please complete the entire form.

Name _____

Date of Birth _____ - _____ - _____

Email _____ Cell Phone _____ - _____ - _____

Preferred method of contact: PHONE or EMAIL (circle one)

Mailing address _____

City _____ State _____ Zip _____

Description of Disability _____

Accommodations requested: _____

Under penalty of perjury, I declare that the representations that I have made in this Request for Accommodations and any supporting documentation are true to the best of my knowledge. I understand that false information may result in the denial or revocation of accommodations and/or certification. I hereby certify that I personally completed this form and that I may be asked to verify this information at any time. I understand that NHCO reserves the right to make additional inquiries regarding my disability and previous accommodations before rendering a decision.

If clarification or further information is required, I authorize NHCO to communicate with the professional(s) who diagnosed the disability, the professional(s) who provided information related to my Request for Accommodations, and any entities that have granted accommodations to me in the past. I understand that NHCO may request additional documentation from the persons and/or entities referenced above and/or me. I authorize NHCO to release this information to a professional chosen by NHCO for the purpose of conducting an independent evaluation of the requested accommodations. I acknowledge that these processes may require extra time for the accommodations to be granted.

Candidate's Signature

Date