

ADA Accommodation Request Form

Date: / /

If you are a candidate with a disability or limitation for which you wish to request an accommodation, please complete this form and attach the required documentation. It may be necessary for testing staff to speak and correspond with you regarding specific arrangements. UNAR must be kept current of any changes to your address, phone number, or email address. If you are unable to take the test on the day the test is scheduled you must notify UNAR.

The Utah Nursing Assistant Registry strives to comply with the American with Disabilities Act and provide necessary and reasonable accommodations for testing candidates with disabilities. UNAR recognizes that written policy cannot address all contingencies and will consider all requests for accommodation on an individual basis. Information related to a request for accommodations is kept confidential and is shared on a strictly need to know basis with those responsible for administering the certification exam.

UNAR will use testing accommodations provided in the most recent academic setting as a guide to accommodations that might be required if those accommodations were made as a result of documentation received from a healthcare provider or learning specialist explicitly familiar with your particular case.

If the testing candidate is requesting an accommodation that was not provided in the most recent academic setting, then the candidate is responsible for providing more recent documentation supporting the request for accommodation.

Whenever necessary and practicable the testing candidate must supply and use their own approved assistive device.

Audio is available for all testers and is not an accommodation and therefore requires no documentation.

Required Documentation for ADA Accommodation Requests:

You are required to submit documentation from a health care provider or learning specialist explicitly familiar with your particular case on their professional letterhead. This documentation may be limited to only the information directly related to the need for the accommodation requested. If the report is more than 3 years old the student must also submit an updated letter from a qualified professional describing the student's current need for accommodation.

The document must include:

- Specific description of the disability and limitations related to testing
- Specific recommended accommodation
- Name, title, and telephone number of the healthcare provider or learning specialist
- Original signature of the healthcare provider or learning specialist

Applicant Information

Name:

Address:

City, State, Zip Code:

Cell Phone Number: () -

Alternate Phone Number: () -

E-mail:

Date of Birth: / /

Describe how your disability limits your ability to complete certification testing without accommodations:

Describe the accommodation you are requesting:

Describe the accommodations that were granted to you during your nursing assistant training program:

If you were provided accommodation in the nursing assistant program, the Program Coordinator must sign the request for accommodations form verifying that the accommodation requested was provided by the program. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only on a need to know basis. By signing below you consent to the release of this information to UNAR personnel and test site personnel on a need to know basis.

Applicant's Signature: _____

Date: _____

As Program Coordinator I am confirming that the requested accommodation was provided by the program. If no or alternate accommodations were made, please explain: _____

Program Coordinator Signature: _____

Date: _____

Name of CNA Program Attended: _____

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to UNAR with your application. UNAR must approve your accommodation prior to scheduling your testing appointment.