



D&S Diversified Technologies LLP
Headmaster LLP

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TENNESSEE NURSE AIDE – FORM 1404TN REQUEST FOR ADA ACCOMMODATION

In compliance with the Americans with Disabilities Act (ADA), the Tennessee Department of Health and D&S Diversified Technologies (D&SDT)-Headmaster Nurse Aide (NA) testing program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Nurse Aide Competency Examination (NACE). It is your responsibility to notify the NA testing program of the needed alternative arrangements. If you have a disability for which you wish to request an accommodation, please provide the following information and return this form as well as all other required documentation to D&SDT-Headmaster (hdmastereast@hdmaster.com). You may attach additional pages if necessary. Accommodations will *NOT* be provided at the examination site unless this form and all other documentation are received with your application and the requested accommodation is granted prior to testing. In order to grant testing accommodations, the NA testing staff must share information concerning your request with the RN, who will observe your performance on the manual skill portion, and the Knowledge Test Proctor who will administer the knowledge portion of the examination. The information requested below and any documentation regarding your disability is considered strictly confidential and will be shared only with the RN Test Observer and his/her Knowledge Test Proctor and Actor, and Tennessee State Agencies. Please sign your name on this form to indicate your permission for D&SDT-Headmaster to share information about your disability with the RN Test Observer and his/her Knowledge Test Proctor, Actor and State Agencies.

***** (ANY SPECIALIZED EQUIPMENT REQUIRED MUST BE PROVIDED BY THE CANDIDATE) *****

NAME: _____		SOCIAL SECURITY#: _____		
LAST	FIRST			
ADDRESS: _____				
STREET	CITY	STATE	ZIP	
E-MAIL: _____				
CELL PHONE: () _____		HOME PHONE: () _____		DATE OF BIRTH: ____ ____ ____
<input type="checkbox"/> ORAL <input type="checkbox"/> READER MARKER <input type="checkbox"/> ADDITIONAL TIME <input type="checkbox"/> LARGE PRINT <input type="checkbox"/> OTHER PLEASE EXPLAIN: _____				

Describe your disability and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability and how it impairs your ability to take the NA examination:

Describe the accommodation you are requesting:

Describe the accommodations granted to you during your Nursing Assistant Training Program:

Knowledge Exam: _____

Skills Exam: _____



REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following along with his/her testing application to D&SDT-Headmaster.

- Completion of this application Form 1404TN.
- Documentation from the Health Care Provider or Learning Specialist who rendered a diagnosis.
 - Documentation including recent (within the last four years, unless the disability is documented by the professional as stable and permanent) reports, test results, evaluations and assessments of the candidate's need for accommodations due to a disability (physical or mental impairment) that substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, thinking, working, caring for one's self and performing manual tasks. Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness and specific learning disabilities, which are protected under the Americans with Disabilities Act (ADA). Documentation by a qualified professional with expertise in the areas of the diagnosed disability which supports the request for accommodations, including results of appropriate diagnostic testing, must be submitted.
- Verification must be submitted to D&SDT-Headmaster on the letterhead stationery of the Health Care Provider or Learning Specialist and must include the following:
 - Specific description of the disability and limitations related to testing.
 - A history of the disability and any past accommodations(s) granted to the candidate, as well as a description of its impact on the individual's functioning.
 - Specific recommended accommodation(s).
 - Name, title and telephone number of the Health Care Provider or Learning Specialist.
 - Signature of the Health Care Provider or Learning Specialist.

Your signature below indicates that you understand this application and the documentation you included and give permission to D&SDT-Headmaster staff, their RN Test Observers, Knowledge Test Proctors Actors and appropriate Tennessee State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above on a need to know basis. Your signature below indicates that you understand this and you give permission to D&SDT-Headmaster to share this information as described.

Applicant's Signature: _____ **Date:** ____ | ____ | ____

Parent or Legal Guardian Signature: _____ **Date:** ____ | ____ | ____
(if Applicant is a minor)

I certify that I was the candidate's primary instructor and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

Primary Instructor's Signature: _____ **Date:** ____ | ____ | ____

***Primary Instructor's Signature:** _____ **Date:** ____ | ____ | ____
*(*second signature necessary only if primary instructor was different for classroom and clinical training)*

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO D&SDT-HEADMASTER WITH THIS APPLICATION. D&SDT-HEADMASTER MUST APPROVE AND ARRANGE FOR ALL ACCOMMODATIONS PRIOR TO YOUR TEST DATE.

All requests will be considered on a case-by-case basis. It will be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is IMPORTANT that you provide a current address and daytime telephone number and keep D&SDT-Headmaster informed if these change. You will receive written confirmation of any approved or denied accommodations. You MUST notify the testing staff if you are unable to take the examination on the date for which you are scheduled.

For D&SDT-HEADMASTER use only:

ADA approved by: _____ Date: ____ | ____ | ____ Other: _____

Approved accommodation(s): _____

Knowledge Test: _____

Skills Test: _____

Training Program email notification sent on ____ | ____ | ____ by: _____

Applicant email or mail notification sent on ____ | ____ | ____ by: _____



D&SDT-HEADMASTER APPROVAL PROCESS:

The request for accommodation is reviewed by D&SDT-Headmaster. D&SDT-Headmaster staff members shall critically review the documentation to ensure that the:

- ⇒ Documentation is complete as requested.
- ⇒ Documentation supports the diagnosis of an ADA eligible disability.
- ⇒ Documentation supports the requested accommodation.
- ⇒ Accommodation requested is reasonable, can be provided by D&SDT-Headmaster and does not compromise the intent of the exam (e.g. a request that another person perform skills).

During the course of the review, D&SDT-Headmaster staff may communicate with the applicant, program or professional making the diagnosis to clarify the request or suggest available alternatives if the accommodation is not feasible. The decision to recommend or not recommend the accommodation is conveyed to the applicant. If the request is denied, the applicant may submit additional information to support their request.

DENIAL AND APPEAL PROCESS -- TRANSFER OF INFORMATION -- RECORD OF REQUEST

If D&SDT-Headmaster staff does not have sufficient evidence to grant the accommodation, the applicant will be informed of the requirements. The applicant may appeal staff findings to D&SDT-Headmaster by submitting a written request for appeal within 10 days of the notification of insufficient evidence to grant the accommodation.

If there is information in the accommodation request that indicates the applicant's condition poses a risk to the health, safety and welfare of patients or the public, the information in the accommodation request will be provided to the investigations department and an investigation may be conducted.

All requests for accommodation are maintained and filed in the applicant's file and are not considered public records.

ADDITIONAL NOTES: