



D&S DIVERSIFIED TECHNOLOGIES (D&SDT) - HEADMASTER

ADA REQUEST FOR ACCOMMODATIONS FORM 1404-ADA

In compliance with the Americans with Disabilities Act (ADA), the testing program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Competency Examination.

Please follow these instructions to submit your ADA request and documentation:

- If you have a disability for which you wish to request an accommodation, please fill out and attach this form, along with the required documentation supporting your diagnosed disability (*see page 2*) and need for accommodations (and any additional pages, if needed), **via email to your specific state at your STATE here@hdmaster.com** (*For example, if you live in Michigan, attach to email and send to: michigan@hdmaster.com*).
- 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.

It is your responsibility to notify the testing program of the needed alternative arrangements. In order to grant testing accommodations, D&SDT-Headmaster 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 their Knowledge Test Proctor and Actor, and appropriate 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 their Knowledge Test Proctor, Actor, and State Agencies.

(Any specialized equipment required must be provided by the candidate.)

LAST NAME: _____ FIRST NAME: _____ SOCIAL SECURITY#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE #: _____ DATE OF BIRTH: _____

- AUDIO (KNOWLEDGE TEST QUESTIONS AND ANSWERS ARE READ VIA COMPUTER THROUGH HEADPHONES)
 ADDITIONAL TIME (PLEASE CHECK K OR S BELOW)
 LARGE PRINT
 OTHER (IF OTHER, PLEASE EXPLAIN BELOW)
- KNOWLEDGE
 SKILLS

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 competency examination:

Describe the accommodation you are requesting:

Describe the accommodations granted to you during your training program:

Knowledge Exam:

Skills Exam:



REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following to D&SDT-Headmaster:

- Completion of this application Form 1404.
- 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 that supports the request for accommodations, including results of appropriate diagnostic testing, must be submitted.
- An image or attached copy of 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.

IMPORTANT NOTES:

- In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation (include additional pages if needed) **MUST BE ATTACHED AND SUBMITTED via email to your specific state at [your state here@hdmaster.com](mailto:yourstate@hdmaster.com)** (for example, if you live in Michigan send to: michigan@hdmaster.com).
- **Please allow ample time** for D&SDT-Headmaster to review your request and documentation, which may also include involving the State Agency for their input, that is well before your scheduled test date.
 - *An ADA request submitted without the required, appropriate documentation will not be reviewed until the required documentation is received.*
- D&SDT-Headmaster will review and approve or deny any accommodations and inform you via email of any approved or denied accommodations for testing.
 - ***Please allow at least 10 business days for your request to be reviewed.*** *This time frame may be longer if D&SDT-Headmaster or the State Agency has to reach out for more information, etc.*
- 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 email, address, and daytime telephone number and keep D&SDT-Headmaster informed if any of these change.
- You **MUST** notify D&SDT-Headmaster (or in some instances, notify the testing staff) if you are unable to take the examination on the date for which you are scheduled.

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:

- ⇒ Necessary information and documentation are complete and have been provided.
- ⇒ Documentation supports the diagnosis of an ADA-eligible disability.
- ⇒ Documentation supports the need for the requested accommodation.
- ⇒ Accommodation requested is reasonable and can be provided by D&SDT-Headmaster without:
 - Creating an undue financial or administrative burden;
 - Posing a direct threat to others; or
 - Fundamentally altering the purpose of the examination, which is intended to verify your training, competency, and hands-on skill in the mandatory nurse aide subject areas identified by law, including 42 CFR §§ 483.150 to 483.160.



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 via email. 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.

Your signature below indicates that you understand this application and the documentation you included and give permission to D&SDT-Headmaster staff, RN Test Observers, Knowledge Test Proctors, Actors, and appropriate State Agencies to be informed of accommodations requested. The information requested and documentation regarding your disability are 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.

Attach your ADA request with supporting documentation and send **via email to your specific state email at your STATE@hdmaster.com** (For example, if you live in Michigan: michigan@hdmaster.com)

Applicant’s Signature: _____ **Date:** _____

Parent or Legal Guardian Signature: _____ Date: _____
(If the applicant is a minor)

ADDITIONAL NOTES IF NEEDED:

REQUIRED FOR ARIZONA NA AND MA ONLY:

NAME OF TRAINING PROGRAM: _____ INSTRUCTOR NAME: _____

INSTRUCTOR SIGNATURE: _____