



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

*Innovative, quality technology solutions
throughout the United States since 1985.*

REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

An applicant requesting special testing accommodation must provide the following along with his/her testing application to HEADMASTER:

- Completion of this application available from www.hdmaster.com (Form 1404KC)
- Documentation including recent (within the last four years, unless the disability is documented by a 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.

DOCUMENTATION MUST INCLUDE:

- ⇒ A history of the disability and any past accommodation(s) granted to the candidate, as well as a description of its impact on the individual’s functioning.
- ⇒ Identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale).
- ⇒ The scores resulting from testing, interpretation of the scores and evaluations.
- ⇒ Recommendations for testing accommodations with a stated rationale as to why the requested accommodations are necessary and appropriate for the diagnosed disability.
- ⇒ Contact information including name, qualifications and phone number of the professional evaluator recommending the accommodation.

If you were provided an accommodation in the nursing assistant program, the instructor must sign the request for accommodations form verifying that the accommodation requested was provided by the program. The primary Instructor **must** sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to HEADMASTER staff, their RN Test Observers, Written Test Proctors, Actors, and appropriate Oklahoma 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 HEADMASTER to share this information as described.

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

I certify that I was the above candidate’s Primary Instructor and that I provided the accommodations detailed herein during the candidate’s Nursing Assistant Training Program.

(PLEASE PRINT) Primary Instructor Name: _____ **Program Name:** _____

Primary Instructor Signature: _____ **Phone:** _____ **Date:** _____

NOTE: IN ORDER TO MAKE THE NECESSARY ARRANGEMENTS TO ACCOMMODATE YOUR NEEDS, ALL REQUESTS AND SUPPORTING DOCUMENTATION MUST BE SENT TO HEADMASTER. Headmaster MUST APPROVE and arrange for ALL ACCOMMODATIONS BEFORE YOU WILL BE SCHEDULED FOR AN EXAM.

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 HEADMASTER informed if these change. You will receive written confirmation of any approved or denied accommodations.



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

If 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 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 licensing file and are not considered public records.

ADDITIONAL NOTES: