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.

OKLAHOMA – FORM 1404KC REQUEST FOR ADA ACCOMMODATION

(Updated September 2016)

In compliance with the Americans with Disabilities Act (ADA), the LTC-HHA (Deeming) 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 LTC-HHA 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 HEADMASTER (www.hdmaster.com – hdmaster.com – 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 LTC-HHA testing staff must share information concerning your request with the RN, who will observe your performance on the manual skill portion, and Written Test Proctor who will administer the written 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, his/her Written Test Proctor and Actor and Oklahoma State Agencies. Please sign your name on this form to indicate your permission for HEADMASTER to share information about your disability with the RN Observer, his/her Written Test Proctor and Actor and State Agencies.

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

Name:Last	First	Social Security#:First			
	Street	City	State	Zip	
	Cell Pho		Date of Birth:		
	uested: _ Additional Time Large				
Describe your disability and how this substantially limits one or more of your major life activities:					
Explain the nature examination:	and extent of your disal	bility and how it impa	irs your ability to tal	ke the LTC-HHA	
Describe the accomm	nodation you are requestin	ıg:			
Describe the accomm	nodations granted to you d	luring your LTC-HHA Tra	aining Program:		



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:	Date:		
I certify that I was the above candidate's Primary Instructor at Assistant Training Program.	nd that I provided the accommodations detailed	d herein during the candidate's Nursing		
(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 <u>IMPORTANT</u> 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.

HEADMASTER (Form 1404KC) Updated: September 2016



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.

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:

HEADMASTER (Form 1404KC) Updated: September 2016