
**ADA
TESTING
ACCOMMODATIONS**

HANDBOOK
2021



Table of Contents

2	Introduction
3	General Testing Conditions
3	Who Should Apply for ADA Testing Accommodations?
3	Who Should Not Apply for ADA Testing Accommodations?
4	Available ADA Accommodations
4-5	Covered Disabilities
6-8	Requesting Accommodations
9	Review of Accommodations Request
9	Accommodations Approval
9-10	Retaking the Examination
10	Confidentiality and Information Releases
10	ADA Accommodations Scheduling
11	Applicability of Conference Policies
12	OVERVIEW: Request for Testing Accommodations Checklist

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Introduction

The International Conference of Funeral Service Examining Boards (The Conference) complies with applicable federal and state laws regarding the Americans with Disabilities Act (ADA). The Conference will consider requests from qualified candidates with a diagnosed disability for accommodations to take a Conference administered exam if the request is reasonable and properly documented and does not fundamentally alter the exam or jeopardize exam security.

Submission of an accommodations request does not guarantee that testing accommodations will be made. The Conference reviews each request and professional recommendation to determine if the accommodation is reasonable and appropriate for the testing environment. Testing accommodations that would fundamentally alter the nature of the exam will not be granted.

Applicants must request accommodations at the same time as they apply to take an exam. The Accommodations Request Candidate Checklist, Candidate Accommodations Request Form, and Health Practitioner Statement are available at the end of this Accommodations Handbook. Please ensure you fully complete each task so that your request can be reviewed.

The information in this Accommodations Handbook may be modified, amended, or canceled by The Conference at any time, without notice. This edition of the Accommodations Handbook supersedes all prior policies or procedures as to the subjects addressed in it and all representations, oral or written. It is recommended that candidates utilize the web version of this Handbook on The Conference's website in order to access the hyperlinks and ensure they are reviewing the most up-to-date version.

General Testing Conditions

The Conference offers the [National Board Exam](#) (NBE), [State Board Exam](#) (SBE), [Laws Exams](#), and [other funeral service licensure exams](#). Candidates should refer to the appropriate Exam Candidate Handbook for specific exam details, such as the amount of time allotted and number of questions.

All Conference exam candidates will have three (3) minutes to read and agree to the terms of the [Non-Disclosure Agreement \(NDA\)](#) in order to have access to the exam. Failure to agree to the NDA in the time allotted will result in forfeiture of the exam authorization and a loss of exam fee. This includes EITHER declining the NDA terms and/or letting the three (3) minutes expire.

Unscheduled breaks are permitted during the exam, but the timer on the exam does not stop.

Who Should Apply for ADA Testing Accommodations?

You should apply for ADA testing accommodations if you are an individual with a diagnosed disability (physical or mental impairment) that substantially limits a major life activity. Please note that you will need to provide supplemental, substantiating information.

Who Should Not Apply for ADA Testing Accommodations?

You do not need to complete the ADA accommodations request process if you have a temporary condition or other condition that is not covered by the ADA (e.g., a bone fracture or pregnancy) and the condition requires only minor modifications to the general testing environment. These non-standard testing conditions are not covered under the ADA and granted at the sole discretion of The Conference. Please see the Candidate Handbook for further information on this process.

Available ADA Accommodations

Qualified exam candidates may request ADA testing accommodations for their exam experience. Examples of some of the accommodations that may be provided include:

- Extended testing time (note: multi-day, unlimited time, and untimed tests are not offered)
- Reader/recorder
- Increased font size or ZoomText
- Separate room

Please note that some ADA testing accommodations require additional support and resources. Because of this, some accommodations may take more time to arrange.

Candidates are not permitted to provide their own readers, recorders, or bring interpreters.

Candidates are not permitted to bring materials into the testing center, such as books or notes.

Covered Disabilities

If you are requesting any deviation from general testing conditions because you are disabled, your disability must be one that is covered by the ADA. That is, you must have a documentable physical or mental impairment that substantially limits one or more major life activities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all of the specific diseases or conditions that might constitute physical or mental impairments.

A physical impairment is defined by the ADA as:

Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

A mental impairment is defined by the ADA as:

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Stress or depression may or may not be considered impairments, depending on whether they result from a documented physiological or mental disorder. Nonspecific diagnoses such as “academic problems,” “learning style differences,” “slow reader,” “test difficulty,” or “test anxiety” do not by themselves constitute a learning disability, nor does English as a Second Language (ESL).

An impairment is classified as a disability under the ADA only if it substantially limits one or more major life activities. Some disabilities, such as blindness or deafness, are by their nature substantially limiting. A variety of other impairments might be disabling for some individuals, though not for others, depending on the impact on their major life activities. An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when compared to an average person in the general population. The determination as to whether an individual is substantially limited must be documented by a qualified, licensed health practitioner, and is based on the effect of the impairment on that individual's life activities.

There are no additional fees assessed to exam candidates who request testing accommodations.

REQUESTING ACCOMMODATIONS

For all ADA accommodations requests, the information and documentation is submitted through two documents ([Candidate Accommodations Request Form](#) and [Health Practitioner Statement](#)). These statements are detailed below and must:

- *State the diagnosed disability;*
- *Describe the specific accommodation(s) requested;*
- *Describe previous accommodations granted or, if not previously requested, why accommodations are being requested now and why they were not previously requested;*
- *Explain the functional limitations resulting from the disability and any treatments or measures taken to mitigate its impact;*
- *Be fully completed, including required attachments, and submitted directly from the appropriate parties.*

Candidate Accommodations Request Form

In addition to the exam application and payment, candidates must complete the [Candidate Accommodations Request Form](#) in its entirety and submit it directly to The Conference.

Health Practitioner Statement

The treating health practitioner(s) must complete the [Health Practitioner Statement](#) in its entirety and submit it directly to The Conference (on identifying letterhead or equivalent), along with required attachments. This form will not be accepted if submitted by the exam candidate, even if the Health Practitioner completed the form. The most recent evaluation by the qualified professional must have been **within the last three (3) years**.

Professional Documentation

Applicants must arrange for a qualified, health practitioner to provide supplemental supporting documentation. At a minimum, the professional must have demonstrated expertise and recognized credentials (e.g., licensure, certification, or specialized

training) in the area of the disability and must be familiar with the current impact of that particular disability on the applicant's ability to perform on the licensure exam or other similar timed, standardized tests. Recommendations made by professionals are taken into consideration by The Conference; however, recommended accommodations are not guaranteed.

Evaluation Requirements

Documentation submitted by the health practitioner(s) must be current and describe the tests or methods used to diagnose the disability and any relevant educational or medical histories, including dates and test results (this does not apply to permanent or unchanging physical or sensory disabilities).

Please note there are time-related requirements for all documentation:

- The date of your most recent evaluation, specifically regarding your disability, must have been **within the previous three (3) years** by the qualified practitioner. This requirement does not apply to permanent or unchanging physical or sensory disabilities (e.g. sight, hearing, etc.).
- The Conference may request additional information depending upon the type of impairment and its degree of improvement over time, as well as depending on the age at which the comprehensive testing was conducted.

In the event the supplied documentation is insufficient, applicants will be notified in writing via email.

Accommodation History

If you have previously been granted accommodations in an academic setting or similar testing situation, please indicate the accommodations granted on the [Candidate Accommodations Request Form](#). A history of accommodations during formal education does not guarantee that similar accommodations will be provided to you for your licensing exam. If no accommodations were provided in the past, provide a written explanation why accommodations are requested now and why they were not requested/provided in the past.

Documentation Requirements for Learning or Cognitive Disabilities

If you have a specific learning or cognitive disability (e.g., attention deficit disorder, processing deficiency or a physical or psychological disorder that affects cognitive function), your health practitioner must also submit a comprehensive psychoeducational and/or neuropsychological assessment.

This assessment must be conducted by an evaluator with comprehensive training and direct experience with adults, and the report must be submitted on the evaluator's letterhead. The diagnostic report, which can be an existing report or one specifically prepared to support your accommodations request, must provide objective evidence of a substantial limitation in cognition or learning. At a minimum, it must include the following elements:

- A description and evaluation of the presenting problem, including DSM-5 symptoms;
- Relevant educational or medical histories;
- A description of the assessment and evaluative instruments used to establish that a cognitive disability exists and rule out alternative conditions, including but not limited to actual test scores on aptitude, achievement, information processing, and other measures that are reliable, valid and standardized for use with adults;
- A specific differential diagnosis that is supported by the test data, history and/or clinical observations that shows that the applicant's functional limitations are due to the diagnosed disability and that rules out alternative conditions;
- Specific recommendations for accommodations, including an explanation of why each recommended accommodation is necessary, with references to test results or clinical observations.

Review of Accommodations Request

Accommodation requests will be reviewed once the exam application, exam fee, exam eligibility, [Candidate Accommodations Request Form](#), and [Health Practitioner Statement](#) with attachments have been received by The Conference. Incomplete requests will not be reviewed, nor will The Conference provide advisory opinions on specific situations.

Accommodations Approval

If your request is approved, The Conference will send an email to the email address on your exam application to confirm the approved ADA testing accommodations, along with scheduling instructions.

The Conference will make arrangements to provide the approved ADA testing accommodation(s) with Pearson VUE. It is the candidate's responsibility to follow the scheduling instructions and confirm the accommodation(s) at the time of scheduling the exam.

Only ADA testing accommodations approved by The Conference in advance will be honored at the test center. Accommodation requests will not be considered or approved at the test center or on the day of testing.

If you would like to request any changes to the approved accommodations, please wait to schedule the exam and submit your request for changes in reply to the approval email.

Retaking the Examination

If you are retaking a Conference exam, you may or may not need to reapply for ADA testing accommodations, depending on your circumstances. This does not apply to non-standard testing conditions or comfort aids.

Please reapply for testing accommodations if:

- You are requesting additional or different accommodations; OR
- Your last request for accommodations was approved **more than three (3) years ago**.

Please note that supporting documentation from the professional evaluator(s) does not have to be resubmitted unless it has been three (3) or more years since your last Conference exam attempt.

You do not need to reapply for testing accommodations if:

- Your previous request for testing accommodations was approved within the last three (3) years; AND
- You still require the same accommodations.

In this case, you will simply indicate your request for the specific accommodation(s) on your new exam application.

Confidentiality and Information Releases

All information related to your ADA testing accommodations will remain confidential and be used solely for the purpose of determining eligibility for reasonable ADA testing accommodations for exams administered by The Conference.

In some circumstances, The Conference may contact the health practitioners directly to clarify information submitted or the recommendations made for your testing needs. As a Conference exam applicant requesting ADA accommodations, you authorize The Conference or its designated agent to contact the health practitioners who have treated you, and authorize the practitioners to communicate with The Conference or its designated agent about any information relevant to your eligibility for ADA testing accommodations.

ADA Accommodations Scheduling

All exams with ADA accommodations must be scheduled by calling Pearson VUE's Accommodations Coordinator at 1-800-466-0450, option 3. Please confirm your accommodations at time of scheduling. Accommodation requests will not be granted if requested on the day of the exam.

Applicability of Conference Policies

All Conference policies and procedures as outlined in the specific exam Candidate Handbook apply to test takers using testing accommodations in the same manner as standard test takers, including but not limited to the policies regarding eligibility for testing, exam result invalidations, and disqualification or suspension from Conference exams and Conference services for cheating and misconduct.

All Conference exam applications expire one (1) year from the original application date, regardless of when accommodation requests or approvals are made.

Please do not submit your Conference exam application if you know that you will need more than one (1) year to secure and submit your ADA supporting documentation. The Conference retains all applications and payments on file for one (1) year from the original application date. After that time, the application, exam authorization, and exam fee will automatically expire. If an expiration occurs, another application, along with the appropriate exam fee, will be required for a new exam authorization and, if applicable, ADA accommodations evaluation. Refunds and/or extensions will not be given for unused exam applications/authorizations.

If your application expires, you will be required to apply as a new applicant, subject to all exam policies and fees in effect at that time.

OVERVIEW: Accommodations Request Candidate Checklist:

For ADA accommodation requests to be reviewed, the following items must be completed in full and submitted to The Conference by the appropriate parties. Once ALL items are received, the request will be reviewed and a response will be given via email. If approved, instructions on how to properly schedule an exam with ADA accommodations will be provided.

- Apply and pay to take the exam – indicate on application that you have a disability covered by the ADA that requires testing accommodations and state the specific accommodation(s) you are requesting.
- Confirm your exam eligibility has been submitted to The Conference (submitted by your ABFSE accredited program or state licensing board).
- Complete and submit the Candidate Accommodations Request Form to The Conference. Additional information may be requested.
- Request to have the Health Practitioner Statement sent directly from your health practitioner's office to The Conference (on identifying letterhead or equivalent), along with required attachments.

Contact

If you have questions or need assistance with requesting testing accommodations, please contact The Conference office at **479-442-7076, ext. 8** or exams@theconferenceonline.org.

INSTRUCTIONS:

Exam candidates seeking ADA testing accommodations should complete this form in its entirety and submit it directly to The Conference. Refer to the ADA Testing Accommodations Handbook for all further instructions.

EXAM CANDIDATE INFORMATION:

Candidate Name: _____
 First *Middle* *Last*

Email: _____ Phone Number: _____

Examination(s) Applying For: NBE SBE LRR

Briefly describe the disability:

List the major life activities limited by the disabling condition (e.g., walking, hearing, speaking, seeing, reading, or writing): _____

HEALTH PRACTITIONER INFORMATION:

List each health practitioner (e.g., physician, therapist, etc.) that is treating you for the disability(ies) described above. Attach additional sheets if necessary. Each treating practitioner must submit a Health Practitioner Statement directly to The Conference.

Name: _____ Professional Title: _____

Office Address: _____

Phone Number: _____ Length of Time as Patient: _____

Name: _____ Professional Title: _____

Office Address: _____

Phone Number: _____ Length of Time as Patient: _____

TESTING ACCOMMODATIONS HISTORY:

If you have previously been provided with testing accommodation(s), please list the time frame and a description of the accommodations. If no testing accommodations were provided to you in the past, provide a written explanation why accommodations are requested now and why they were not requested/provided in the past.

Authorization & Release:

I authorize each health practitioner listed to release to the International Conference of Funeral Service Examining Boards (The Conference), or their designated representatives, information which will verify the current functional limitations imposed by my disability which affect my ability to perform under standard testing conditions; describe the nature of the examination accommodation(s) being requested and the rationale for those accommodation(s). I further understand that I may be asked to provide additional information about my functional limitation(s) and the requested accommodations and agree to cooperate with reasonable requests for such additional information.

I understand and agree that the information obtained by this authorization will be used solely for the purpose of determining my eligibility for reasonable accommodations in regard to the examination(s) administered by The Conference. The information obtained by this authorization will not be released or disclosed to any person or organization except the referenced parties, and any other governmental agency that may be involved in acting upon my request for reasonable accommodations in connection with the funeral service licensure process.

The documents released by the health practitioner will be treated as confidential. I acknowledge and agree that documents for Conference administered exams must be current under the following guidelines stated in the ADA Testing Accommodations Handbook.

Under penalties of perjury, I declare the submitted statements and any additional documents are true. I understand that providing false information may result in denial of access to the examination(s), invalidation of examination score(s), denial of access to future examination(s) and notice of such actions to The Conference membership, including the jurisdiction in which I am seeking licensure. I hereby attest that I personally completed this request form and agree to verify information if requested.

Printed Name: _____

Signature: _____ Date: _____

Submit the fully completed form via email, fax, or postal mail. Incomplete submissions will not be reviewed.

Email: exams@theconferenceonline.org

Fax: 479-442-7090

Mail:

The Conference
 ATTN: Testing Accommodations
 1885 Shelby Lane
 Fayetteville, AR 72704

INSTRUCTIONS - ADA Testing Accommodations Request for Licensing Exam

The treating practitioner must complete this form and submit it, along with all supporting documentation, directly to The Conference with identifying letterhead, coversheet, or equivalent. This form will not be accepted if submitted by the candidate.

An evaluation of the stated disability must have been conducted within the last 3 years.

HEALTH PRACTITIONER INFORMATION:

Health Practitioner Name: _____

Professional Title: _____

Office Name & Address: _____

Office Phone: _____ State License Number: _____

Professional training, credentials, licensing and specialization to support relevant diagnoses and appropriate recommendation (or attach current CV):

PATIENT/EXAM CANDIDATE INFORMATION:

Patient Name: _____

Date patient first seen: _____ Date patient last seen: _____

Number of Years as a Patient: _____ Patient Phone: _____

Diagnosis and description of disability:

_____ Date of onset: _____

Major life activities limited by disabling condition (e.g., walking, seeing, reading, etc.):

Attach/cite the diagnostic criteria & tests administered with dates of results & interpretations:

Circumstances under which previous accommodations were granted and dates of occurrences. If no accommodations were provided in the past, provide an explanation why accommodations are requested now and why they were not previously requested:

Accommodation(s) recommended **specifically for a licensing exam**:

REQUIRED ATTACHMENTS:

- I. A written statement explaining the diagnosis and its impact on the candidate’s abilities relative to the request for special accommodations on a licensing exam.
- II. A written explanation for each recommended accommodation, including the current treatment for the disability (e.g., any medication management or physical aids). Any current and applicable test(s) used to support the diagnosis or recommendation for accommodations should be submitted. More detailed information can be found within the ADA Testing Accommodations Handbook located at <http://theconferenceonline.org/ada/>.

Certification: I hereby certify that the information that I provide pursuant to this Health Practitioner Statement is true and correct and is provided pursuant to the authorization to release information signed by my patient. I further certify that I have the necessary specialized training to make the diagnosis herein, that I personally examined the candidate named herein, and that I used my professional judgment to render the diagnosis herein and assess the accommodation request specifically for a licensure exam.

Signature: _____ Date: _____

Submit fully completed form with identifying letterhead, coversheet, or equivalent via email, fax, or postal mail directly to The Conference from the Health Practitioner. Incomplete submissions will not be reviewed.

Email: exams@theconferenceonline.org

Fax: 479-442-7090

Mail:
The Conference
ATTN: Testing Accommodations
1885 Shelby Lane
Fayetteville, AR 72704



@TheConference



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