Board of Certification, Inc.
Request for Special Exam Accommodations

The Board of Certification, Inc. (BOC), in adherence to the Americans with Disabilities Act (ADA, 1990), provides reasonable and appropriate accommodations for disabled individuals who supply appropriate documentation. The BOC follows the guidelines set forth in the Council on Licensure, Enforcement and Regulation (CLEAR) and National Organization for Competency Assurance (NOCA) *Principles of Fairness*.

An applicant may request a change in certification procedures or process due to disability, handicap or other reason. Candidates must complete the Request for Special Exam Accommodations Form and submit it to the BOC office. Medical documentation of specific needs or evidence of receiving reasonable accommodations at the university level must accompany the request. The request must be specific as to the nature of the problem. These recommendations should be based on testing that is not older than 4 years prior to the application. Accommodation requests must be received by the BOC no later than 5:00pm CT on the application deadline of the requested exam date. The applicant is responsible for demonstrating that the request should be granted. The BOC will review the request and notify the candidate in writing of its determination within 2-3 business days of receipt.

The BOC will not pay any costs the candidate may incur in obtaining the required diagnosis and recommendation. However, the BOC will pay for any reasonable exam-related accommodations that are provided to the candidate.

Please type or print.

- Name: _____
  Last First Middle Initial
- Address: _____
  Street City, State, ZIP
- Home Phone: (____)_____ Work Phone: (___)_____
- Email: _____
- What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing)?
- Will this disability require special accommodation(s) in order for you to take the BOC certification exam?

  ____ Yes ____ No

If YES, describe the special accommodation(s) you are requesting. Use a separate sheet if more space is needed.

_____

_____

_____

Certification/Authorization: I certify that the above information is true and accurate.

Signature _____ **Date** _____

Email, mail or fax the completed and signed form and documents to:

Board of Certification
Attn: Credentialing Services
1415 Harney St Ste 200
Omaha NE 68102
Voice: (402) 559-0091
Fax: (402) 561-0598
Email: Exam@bocatc.org