



# NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE

76 S. Laura St. Suite 1290, Jacksonville, Florida 32202

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## PROFESSIONAL'S DOCUMENTATION OF ADA ACCOMMODATIONS REQUEST FORM

This form is to be completed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose a candidate's disability consistent with the provisions of the Americans with Disabilities Act ("ADA"). The professional must have current knowledge of the disability and its impact on a major life activity, and must have diagnosed, evaluated, treated, or consulted with the candidate within the previous four years. The candidate and the professional must consult with each other and agree on **reasonable and appropriate accommodations**. Recommendations must not jeopardize the integrity or security of NCCAOM exams.

All attachments must appear on the professional's letterhead. No chart notes will be accepted. All items on this form must be completed and the form must be received by NCCAOM on or before the application deadline for the candidate's preferred test date.

**For all candidates with disabilities**, the professional should attach a signed and dated narrative statement on business letterhead that (a) states the diagnosed disability and the specific accommodations requested, (b) explains the functional limitations resulting from the disability and any treatments or measures taken to mitigate its impact, (c) describes the tests or methods used to diagnose the disability, including dates and test results (not required for permanent or unchanging physical or sensory disabilities), and (d) includes any relevant educational or medical histories. **If no previous accommodations** were provided to the candidate during standardized testing or formal education, an explanation of why accommodations are being requested now must also be included.

**Candidates with learning or cognitive disabilities must** also submit a comprehensive psychoeducational and/or neuropsychological diagnostic report conducted within the previous four years that confirms the disability diagnosis. The diagnostic assessment must have been conducted by an evaluator having 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 the candidate's request for accommodations, must provide objective evidence of a substantial limitation in cognition or learning. At a minimum, it must contain the following elements:

- A description and evaluation of the presenting problem including DSM-IV symptoms
- Relevant developmental, medical, and/or academic history
- Details on the diagnostic and evaluative instruments used to establish that a cognitive disability exists, 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 candidate'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, history, or clinical observations

### Standard testing conditions:

Exam	Computer Adaptive		Computer Based	
	Number of Questions	Time Allowed	Number of Questions	Time Allowed
Acupuncture	100	2.5 hours	90	2 hours
Point Location	NA		25	1 hour
Acupuncture with Point Location	100	2.5 hours	NA	
Biomedicine	50	2.5 hours	50	1 hour
Chinese Herbology	100	1 hour	120	3 hours
Foundations of Oriental Medicine	100	2.5 hours	125	3 hours
Asian Bodywork Therapy	NA		150	5 hours

At no time is an examination offered as a printed examination. Any candidate requesting a printed examination will automatically be considered for the services of a professional reader. Unscheduled food or restroom breaks are permitted during the modules/examinations but the clock does not stop.

*This section to be completed by the candidate.*

Candidate name \_\_\_\_\_ Anticipated month  
for preferred exam date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

*The following sections are to be completed by the professional.*

**PROFESSIONAL CONTACT AND BACKGROUND INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Title and occupation \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

List licenses, certifications, and/or academic/professional degrees that qualify you to diagnose this candidate's disability and recommend accommodations:

\_\_\_\_\_

\_\_\_\_\_

**CANDIDATE DIAGNOSTIC AND TREATMENT INFORMATION**

State the disability and date of diagnosis \_\_\_\_\_

*(Provide diagnostic code for learning disabilities and attach a copy of the psychological or educational diagnostic report with test scores.)*

In the space below, or in a separate narrative statement (on your business letterhead), describe how this disability impairs a major life activity and the candidate's ability to perform in the standard testing conditions described at the beginning of this form. Include information on prior accommodations and any treatments or measures taken to mitigate the impact of the disability. If no accommodations were requested in the past, explain why accommodations are necessary now.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of your last treatment or consultation with the candidate \_\_\_\_\_

**RECOMMENDED ACCOMMODATIONS**

List accommodations that have been discussed with candidate in light of his or her disability and current functioning (e.g., extra time—specify how much; reader/scribe/interpreter):

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**I certify that I have current knowledge (within the last four years) of the candidate's disability and that the information provided by me on this form is true and correct to the best of my knowledge. I agree, if requested by NCCAOM, to send NCCAOM additional information or documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorized the release of this information as part of the application process for requesting accommodations.**

Signature \_\_\_\_\_

Date \_\_\_\_\_