National Healthcare Certification Organization

Accommodations Request

The National Healthcare Certification Organization (NHCO) shall provide fair and reasonable accommodations pursuant to the Americans with Disabilities Act (ADA) to individuals with documented disabilities that qualify as medical conditions hindering a person's ability to take the examination under standard testing conditions.

Candidates must complete the National Healthcare Certification Organization's (NHCO) Exam Accommodations Request form (below) in its entirety for consideration. Please be aware that submitting a request for an accommodation does not guarantee testing accommodations.

Candidates should include all required documentation (see instructions below). Incomplete applications will not be accepted for consideration. No accommodation requests will be accepted post-exam. Candidates should allow a minimum of 10-15 business days for processing requests, with the understanding that some cases may take longer.

For more information, see the NHCO's ADA Accommodations and Non-Discrimination Policy.

Attachment Instructions:

1. Attach a letter from an objective physician or healthcare professional qualified to diagnose the disability or medical condition and render an opinion on the need for accommodation. An "objective" professional is one who is not the requestor or related to the requestor. The letter must be dated within two (2) years of the anticipated date of your exam. The letter must include the following:

    a. The specific disability/diagnosis
        - A numerical DSM-5-TR classification code, or the equivalent code from the then-current edition of the Diagnostic and Statistical Manual of Mental Disorders, must accompany mental/emotional disabilities.
    b. A brief explanation of how this condition limits the candidate's ability to take the exam under standard conditions
    c. For impermanent disability or diagnosis:
        - The date of first diagnosis, approximate duration, and method used to make the diagnosis
    d. Specific accommodations

    - These accommodations should be adequate without creating an unfair advantage. Candidates who require extra time to complete the exam will be given 1½ times the standard allotted time. If more time is needed, the letter must specifically state how much time is needed and why that amount of time is required.

2. Complete the Accommodations Request form.

3. Submit the Accommodations Request form and all documentation to the National Healthcare Certification Organization (NHCO) through your online candidate portal.

Candidates must submit the Accommodations Request form (below) through their online candidate portal.

Candidates will be informed of approval or denial via email within 10-15 business days. Applications are valid for thirty (30) days from the approval date.

NHCO
National Healthcare Certification Organization

ACCOMMODATIONS REQUEST FORM

Candidate's Full Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Mailing Address:_____

City: _____ State:_____ Zip: _____

Description of Disability: _____

Accommodations Requested**:** _____

_____

_____

Under penalty of perjury, I declare that the representations I have made in this Accommodations Request and any supporting documentation are true to the best of my knowledge. I understand that false information may result in the denial or revocation of accommodations and/or certification. I hereby certify that I have personally completed this form and that I may be asked to verify this information at any time. I understand that the NHCO reserves the right to make additional inquiries regarding my disability and previous accommodations before rendering a decision.

If clarification or further information is required, I authorize the NHCO to communicate with the professional(s) who diagnosed the disability, the professional(s) who provided information related to my Accommodations Request, and any entities that have previously granted accommodations to me. I understand that the NHCO may request additional documentation from the persons and/or entities referenced above and/or me. I authorize the NHCO to release this information to a professional chosen by the NHCO for the purpose of conducting an independent evaluation of the requested accommodations. I acknowledge that these processes may require extra time for the accommodations to be granted.

Signature of Applicant:_____ Date:_____