



## **QUALIFICATIONS FOR TESTING ACCOMODATIONS For Applicants with Disabilities**

### **General Information**

The ABCN Board recognizes that neuropsychologists with disabilities may wish to take the board certification examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the American with Disabilities Act (ADA).

ABCN, in conjunction with the American Board of Professional Psychology (ABPP), will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test” (Americans with Disabilities Act, Public Law 101-336 § 309 [b] [3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

**Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination.** All documentation and other evidence substantiating the disability must be submitted to the Board at least 60 days before the examination in question is conducted. Required documentation includes completion of the *Application for Testing Accommodations* and appropriate diagnostic letters or reports. All information and documentation provided regarding the disability and need for accommodation in testing will be treated in strict confidence.

**Candidates seeking disability accommodations should download the appropriate application from the ABCN web site, [www.theabcn.org/](http://www.theabcn.org/) or should contact the Board office for an application.**

Documentation on file for the applicant must:

- ***clearly state the diagnosed disability or disabilities;***
- ***describe the functional limitations*** resulting from the disability or disabilities;
- ***be current*** - i.e., completed within the last 5 years for a learning disability, last 6 months for psychiatric disabilities, or last 3 years for attention deficit hyperactivity disorder and all other disabilities (NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***include complete educational, developmental, and medical history*** relevant to the disability for which testing accommodations are being requested;
- ***include a list of all test instruments*** used in the evaluation report and relevant scores used to document the stated disability (this requirement may not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***describe the specific accommodations requested;***
- ***adequately support each of the requested testing accommodation(s);***
- ***be typed or printed on official letterhead and be signed*** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization).

### **Review of Documentation**

A letter detailing the specific accommodations requested because of disability must be submitted for each examination or re-examination. Documentation should be marked “ADA Materials” and mailed to the attention of the Executive Director at the ABCN Office. Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

### **Appeals**

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the Executive Director at the ABCN Office:

- A written request for a formal appeal of the denial of accommodations.
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing envelope that is postmarked within 60 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee’s determination is final and binding on both the Board and the applicant.



## APPLICATION FOR TESTING ACCOMMODATIONS

Please indicate "ADA Materials" on the envelope, and return complete application and attachments to:

**Executive Director  
American Board of Clinical Neuropsychology, Inc.  
Department of Psychiatry (F6332, MCHC-6)  
University of Michigan Health System  
1500 East Medical Center Drive  
Ann Arbor, MI 48109-0295**

*Please type or print.*

1. Accommodations are requested for the following examination(s):

Written                      Oral                      Both

2. Name: \_\_\_\_\_  
Last    First    Middle

3. Address: \_\_\_\_\_  
Street

\_\_\_\_\_   
City    State/Province    Country

\_\_\_\_\_   
Postal Code    Daytime Telephone Number

4. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      5. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth

6. Nature of Disability (*Complete and return checklists A, B, and/or C as indicated below.*):

Hearing (A)                      Visual (A)                      Physical  
Learning (A & B)                      Attention-Deficit/Hyperactivity (A & C)  
Other (A) (*specify*): \_\_\_\_\_

7. In order to document your need for accommodation as completely as possible, please attach, in addition to the professional documentation detailed in ABCN's *Qualifications for Testing Accommodations*, a personal statement describing your disability and its impact on your daily life and professional practice.

8. How long ago was your disability first professionally diagnosed?

< 1 year

1-2 years

3-4 years

> 4 years

9. What accommodation(s) are you requesting? *Accommodation(s) must be appropriate to the disability.*

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10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

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Double time

Other (specify)

11. Do you require wheelchair access to the examination facility? Yes No

12. Prior test accommodations that you have received on

**STANDARDIZED EXAMINATIONS:**

a. Scholastic Aptitude Test (SAT): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

b. American College Testing Program (ACT): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

c. Graduate Record Examination (GRE): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

d. National Licensing Examination (EPPP): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

e. State Licensing Examination:

State \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

f. Graduate School:

Name of School \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

g. American Board of Professional Psychology (ABPP):

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

h. Other Board Certification:

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

13. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way to others about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABCN to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABCN in this regard and to provide the ABCN with such clarification and/or further information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CHECKLIST A**  
**Documentation Requirements for All Disabilities**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ Be written by a licensed or certified professional who is appropriately qualified to evaluate the disability.
- \_\_\_\_\_ Be on the examiner's letterhead with the examiner's credentials, address, and telephone number given in the letterhead or title.
- \_\_\_\_\_ The candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- \_\_\_\_\_ Identify the applicant's disability and how the disability substantially limits one or more major life activities of the applicant.
- \_\_\_\_\_ A history of the disability, including previous settings in which accommodations have been granted. If there have been no previous accommodations, the examiner must explain why current circumstances necessitate accommodations.
- \_\_\_\_\_ Diagnostic information from one of the following sources: International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
- \_\_\_\_\_ Specific recommended accommodations with a rationale for why each accommodation is needed.

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**CHECKLIST B**  
**Documentation Requirements for Learning Disabilities**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ A psychoeducational or neuropsychological evaluation of the applicant as an adult prepared by a licensed or certified psychologist.
- \_\_\_\_\_ A complete cognitive assessment using appropriate standardized and well-normed tests.
- \_\_\_\_\_ A comprehensive achievement test battery in relevant areas such as, reading, spelling, written language, and mathematics.
- \_\_\_\_\_ Test instruments must be reliable, valid, and standardized on adult populations. Test scores must be reported using standard scores or percentiles.
- \_\_\_\_\_ A history of the candidate's educational performance documenting the nature of school difficulties. Information about learning difficulties in school and documentation of prior accommodations should also be included.
- \_\_\_\_\_ Documentation of cognitive and achievement deficits that relate directly to the requested accommodations.

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**CHECKLIST C**  
**Documentation Requirements for**  
**Attention Deficit/Hyperactivity Disorder**

**To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:**

- \_\_\_\_\_ A multidimensional diagnostic evaluation by an appropriately licensed or certified psychologist, neuropsychologist, or physician that includes historical, observational, medical, developmental, neuropsychological testing, and educational testing information.
- \_\_\_\_\_ The letter or report must have been completed within the past five years of the candidate's request for accommodations and include a description of the current functional limitations.
- \_\_\_\_\_ A summary of clinical interviews, observations, and results from checklists provided by the candidate and parents, teachers, professionals, or supervisors.
- \_\_\_\_\_ Results of each objective test must be listed and reported in standard scores or percentiles.
- \_\_\_\_\_ A discussion of possible differential diagnoses must be included.
- \_\_\_\_\_ Recommendations for treatment (medication or behavioral interventions) and academic accommodations should be included with a rationale for why specified test accommodations are needed. It is important to document prior accommodations. If prior accommodations have not been provided, a clear explanation should be included as to why the requested accommodations are needed at this time.