



## Request for Reasonable Accommodations for Testing

This form is to be used when requesting accommodations under the Americans with Disabilities Act (“ADA”). Candidates requesting reasonable accommodations because of disabilities covered by applicable laws must meet the following standards:

1. Provide documentation of an evaluation and/or diagnosis by a licensed professional. The diagnosis must be within the professional's scope of practice. If testing was performed on the candidate, the results of those tests must be provided.
2. The documentation must be signed by the licensed professional on official letterhead from that person's practice. The professional must be clearly identified by name and profession.
3. The documentation must be from within the last three (3) years.
4. The documentation must state the diagnosis clearly and must specify what accommodations are required for the candidate to experience a fair administration of the examination. The accommodations must be presented as a requirement given the nature of the disability, not as a suggestion.
5. Documentation from a school psychologist is only acceptable if the candidate is still a student in that school system. IEPs and 504 Plans from a candidate's secondary education or earlier are not acceptable because they are administrative documents, not the evaluations of licensed professionals, and they are not assessments of the candidate as an adult.
6. In addition to the documentation described above, if the candidate has received accommodations from a school or course of study within the last three (3) years, the candidate must provide a letter from her or his professional program attesting to the nature of accommodations that were provided for testing throughout the course of study.

### Process

Complete the attached request, printing all information. Requests for accommodation should be submitted to the Council for Homeopathic Certification at the time of application, with required supporting documentation. A determination will be made, and candidate will be notified within six weeks of receipt.

### Appeals

If you wish to appeal a determination on reasonable accommodations, you must submit written justification for reconsideration to the Appeals Committee Chairperson at the address below.

Appeals must be submitted within ten days of notification of the CHC's original decision. Appeals should include a copy of the original application, the determination letter, and the reason for the appeal. Appeals may be faxed, but must also be mailed to:

The Council for Homeopathic Certification  
PO Box 75  
Chartley, MA 02712



## Request for Reasonable Accommodations for Testing Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is this your initial application for certification or a retake?  Initial  Retake

If this is a retake, have you received accommodations on previous CHC exams?  Yes  No

Description of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was this disability first diagnosed? \_\_\_\_\_

What measures are used to mitigate its impact? \_\_\_\_\_  
\_\_\_\_\_

What accommodations have you received for past standardized testing or in your formal homeopathic education?  
\_\_\_\_\_

Accommodation(s) being requested:

Additional testing time:  Time and a half  Double time  Other (explain) \_\_\_\_\_

Reader

Other accommodation (explain): \_\_\_\_\_  
\_\_\_\_\_

How will the accommodations requested reduce the impact of the disability?  
\_\_\_\_\_  
\_\_\_\_\_

I attest to the fact that the above information is accurate. I understand that the CHC reserves the right to withhold or cancel my scores if it is subsequently determined that, in the CHC's judgment, any information presented on this form, or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_