

Academy of Certified Brain Injury Specialists Request for Accommodations

ACBIS provides reasonable testing accommodations, guided by the Americans with Disabilities Act, to certification candidates with documented disabilities.

Candidates must complete the attached form to be considered for accommodations. Submission of a request for an accommodation does not guarantee testing accommodations; decisions are made on an individual basis, and require supporting documentation as outlined below.

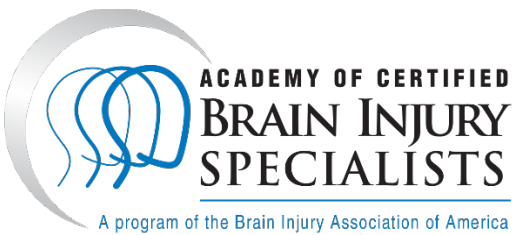
- The request for accommodation must be made within seven days of application and prior to testing to be considered.
- Documentation must be submitted from a neuropsychologist, physician or other healthcare professional qualified to diagnose the disability.
- Candidates should allow for a minimum of 30 days for processing, with the understanding that some cases may take longer.
- Candidates will be notified in writing of the accommodation decision; such notification must be received before an examination period is scheduled.
- Candidates who receive a testing accommodation are subject to the same policies as all other exam takers. ACBIS reserves the right to make final judgment regarding testing accommodations.

Supporting Documentation:

Candidates must supply a letter or report from a neuropsychologist, physician or other healthcare professional qualified to diagnose the disability and to render an opinion as to the need for an accommodation. The letter must have been written on official stationery **within the past two years** and must include the following elements:

- The specific disability/diagnosis. Mental/psychiatric disabilities must be accompanied by a numerical DSM-V classification code.
- The identity of the health care professional who made the diagnosis (if different from the professional providing the requested information).
- The approximate date when the disability was first diagnosed.
- The approximate duration of the disability.
- The method used to make the diagnosis.
- A brief explanation of how this condition limits the candidate's ability to take the exam under standard conditions.
- Specific accommodations required. These accommodations should be adequate without creating an unfair advantage. Please note that candidates who require extra time to complete the exam will be given 1 1/2 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.
- An electronic or original signature of the professional providing the above information, with the professional's name (legibly written or typed), license number, state of licensure, title, phone number, and address.

Submit both the supporting documentation and the Request for Accommodations Form (next page) to ACBIS via email to applications@biausa.org.



Academy of Certified Brain Injury Specialist Request for Accommodations

(to be completed by the candidate)

Date:	
Name (Last/First/M.I.):	
Street address:	
City/State/Zip:	
Daytime phone:	
E-mail address:	
Description of disability:	
Accommodations requested:	
Documentation submitted:	
Accommodations granted in the past:	

Under penalty of perjury, I declare that the representations that I have made in this Request for Accommodations 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 personally completed this form and that I may be asked to verify this information at any time. I understand that ACBIS 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 ACBIS to communicate with the professional(s) who diagnosed the disability, the professional(s) who provided information related to my Request for Accommodations, and any entities that have granted accommodations to me in the past. I understand that ACBIS may request additional documentation from the persons and/or entities referenced above and/or from myself. I also authorize ACBIS to release this information to a professional chosen by ACBIS for the purpose of conducting an independent evaluation of the accommodations that have been requested. I acknowledge that such processes may require extra time for the accommodation to be granted.

Candidate's signature: _____

Date: _____

This form will be valid for **one year** from the date of the candidate's signature, concurrent with the application period. Return this form and documentation to ACBIS at applications@biausa.org.

For ACBIS use only:

Accommodation determination:	
Reviewer:	
Date:	