ABRET
Neurodiagnostic Credentialing and Accreditation

TESTING ACCOMMODATIONS REQUEST FORM

INSTRUCTIONS

1. Read and review this Form.
2. Collect all relevant supporting documentation from a professional who knows you well and interacts with you no less than weekly, such an employer.
3. Complete this Testing Accommodations Request Form.
4. Submit the Testing Accommodations Request Form along with the supporting documentation to tami@ABRET.org.
5. Most requests are processed within 10 business days of receipt. If your processing time exceeds this window, please contact us at tami@ABRET.org.

Testing accommodations requests will not be reviewed until your exam application and exam fee have been received. Request must be made at least 6 weeks prior to anticipated exam date.

DOCUMENTATION REQUIREMENTS

1. **Candidates are required to provide documentation that a condition(s) is (are) substantially limiting as to one or more major life activities to qualify as a disability as defined by the Americans with Disabilities Act Amendment Act (ADAAA); that is, candidates will need to provide evidence that the impairment is substantially limiting, not just the symptoms of a disorder or condition.**

2. **Currency requirements: Supporting documentation must be able to reasonably describe your current functioning, current functional limitations, and current barriers to access.**

3. **Documentation of your disability typically comes from a professional who knows you well on a regular basis, and who can provide firsthand observations of the functional limitations and challenges you regularly experience. Examples of such professionals include an employer, a counselor, a staff person at a vocational rehabilitation center, a job coach, or a physical therapist. Often, this is not the person who diagnosed your condition per se.**

4. **Rather than focusing on your diagnosis, this documentation should speak to your current functional limitations and challenges in major life activities or activities of daily living, how these limitations interact with specific barriers, and what types of accommodations have been helpful to improve access and reduce barriers. Again, this documentation of your disability should come from a professional who knows you well on a regular basis.**

5. **Supporting documentation should address your daily functional limitations that would prevent you from accessing the Exam without accommodations. Candidates are required to provide a detailed rationale for the accommodations that are requestedSupporting documentation should be printed on letterhead and signed by the professional.**

6. **It may be helpful for you to provide your own personal statement, as a separate exhibit, to explain other daily living activities in which you are substantially limited.**

7. **All testing accommodations requests and supporting documentation must be legible and printed in English.**

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SECTION I: APPLICANT INFORMATION

Name: Email:

Anticipated Exam Date:

SECTION II: ACCOMMODATIONS REQUESTED

Provide a detailed, specific rationale for each accommodation you are requesting. Merely stating your diagnosis as the rationale is not sufficient. Do not write "see attached".

☐ **Extra 30 min.**

Rationale:

☐ **Extra 60 min.**

Rationale:

☐ **Extra 120 min.**

Rationale:

☐ **Other(s) (Please provide description: Ex. Private Room):**

Rationale: