

MEDICAID AGENCY ORIENTATION

TESTING ACCOMODATIONS FORM

If you are an individual with a current condition defined as a disability under the Americans with Disabilities Act (ADA), or a comparable human rights law in your country who would like to request testing accommodations, please complete this form and submit it with supporting documentation via this form.

Please note that all accommodation requests are confidential.

Once this form and supporting documentation are submitted, the MAO Executive Director will conduct a review. The review process typically takes 10–14 days. The MAO may request additional documentation during its review, which may result in longer processing times. Please also allow for additional time to make accommodation arrangements. The MAO must receive and review this form and supporting documentation before you schedule your testing appointment. Your certification application and your accommodation request will be reviewed separately. Please note that an approved certification application does not mean that your accommodation request is approved.

Please do not attempt to schedule your testing or class until you receive an email about the status of your accommodation request and the next steps you must take to schedule your testing.

DOCUMENTATION REQUIREMENTS

You must provide official documentation from a qualified professional (e.g., physician, school official, licensed psychiatrist, licensed psychologist). Documentation may include an official report confirming the presence, nature, and extent of your disability, along with a description of the specific accommodations recommended. Please also include documentation (e.g., letter from your university, Individualized Education Plan [IEP], documentation from another organization like the MAO) of any past testing accommodations that you have received for standardized testing or in academic settings. If you do not provide appropriate documentation, your accommodation request may be delayed or denied.

Please include documentation (e.g., letter from your doctor, Community College or University, Individualized Education Plan [IEP], documentation from another organization similar) of any past testing accommodations that you have received for standardized testing or in academic settings. If you do not provide appropriate documentation, your accommodation request may be delayed or denied.

CONFIDENTIALITY AGREEMENT

I agree that correspondence regarding my accommodation request may be sent to me via email.

The MAO is not liable for the disclosure of confidential information that may arise as a result of email transmission (e.g., your email is read by your coworkers or employers).

Applicant Name (printed):

Signature :

Date :

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PERSONAL INFORMATION

First Name:

Last Name:

Preferred Name:

Phone:

Email:

*MUST BE THE SAME EMAIL USED FOR TRAINING SIGN UP

MEDICAL HISTORY

Indicate whether the disability is temporary or permanent:

temporary

permanent

1) Description of Disability (please include the specific diagnosis):

2) Explain how the disability affects your ability to take the testing:

3) Documentation of Disability (list the documents that you are providing):

4) Do you have a family history of any medical conditions? If yes, please provide details:

5) Do you have a family history of any medical conditions? If yes, please provide details:

Additional 30 Minutes

Time and a Half

Additional 60 Minutes

Double Time

6) Other Requested Accommodations:

Applicant Name (printed):

Signature :

Date :