

REQUEST FOR AMERICANS WITH DISABILITY ACT (ADA) ACCOMMODATION

Complete this form ONLY if you have a documented disability.

The Wisconsin Department of Health Services (DHS), Pearson VUE, and the American Red Cross of the Susquehanna Valley (ARCSV) certify compliance with the provisions of the Americans with Disabilities Act (42 USC 12101 et seq). A nurse aide candidate who has a disability may request special arrangements for testing. Special accommodations requests require the approval of the DHS, Pearson VUE, and the ARCSV. This request should be made as soon as it is known that a special accommodation will be needed and before a candidate applies for testing with the ARCSV so that test scheduling for the candidate will not be delayed while waiting for approval of the request.

It is your responsibility to notify the DHS Office of Caregiver Quality (OCQ) about the needed alternative arrangements. If you have a disability for which you wish to request an accommodation, please provide the following information and return this form --- as well as all other required documentation --- before you apply to test.

You are required to submit documentation from the health care provider or learning specialist who rendered a diagnosis. Verification must be submitted to OCQ on the **letterhead stationary of the health care provider or learning specialist** and **MUST** include the following:

1. Specific description of the disability and limitations related to testing
2. Specific recommended accommodation
3. Name, title, and telephone number of the health care provider or learning specialist
4. Original signature of the health care provider or learning specialist

Requests for special accommodations should be sent to: **DHS / DQA / Office of Caregiver Quality
ATTN: Nurse Consultant
P.O. Box 2969
Madison, WI 53701**

The accommodation cannot change the examination in any way. The evaluator can not approve special accommodation requests. All requests must be approved in advance so that the evaluator can be made aware of the exact accommodation that is needed. The special accommodation may be approved as requested, approved with adjustments to the original request, or denied. The candidate will receive written notification of any approved or denied accommodations. If approved, ARCSV will schedule the nurse aide candidate for testing and will advise the nurse aide evaluator of the special accommodations needed.

All requests will be considered on a case-by-case basis. It will be necessary for OCQ staff to speak and correspond with you regarding specific arrangements. **Therefore, it is IMPORTANT that you provide a current address and daytime telephone number and keep the OCQ informed of these changes.**

Candidate Information				
Name – Last	First	Middle		
Address – Street	City	State	Zip Code	
Daytime Home Telephone No.	Social Security Number	Date of Birth		

Accommodation Requested

Describe your disability and how this substantially limits one or more of your major life activities.

Explain the nature and extent of your disability and how it impairs your ability to take the Nurse Aide Competency Evaluation.

Describe the accommodation you are requesting.

Verifications

If you were granted testing accommodations during your nursing assistant training program, you must complete this form with your primary instructor verifying any accommodations granted. The primary instructor must sign this form verifying any training accommodations provided.

I certify that I was the above candidate's primary instructor and that I provided the accommodations detailed herein during said candidate's nursing assistant training program.

SIGNATURE – Primary Instructor	Name – Primary Instructor (<i>Print or type.</i>)	Date Signed	Telephone Number
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Your signature below indicates that you understand this application and the documentation you included. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above.

SIGNATURE – Candidate	Name – Candidate (<i>Print or type.</i>)	Date Signed
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