

# NCIDQ Examination

## TESTING ACCOMMODATIONS REQUEST FORM

CIDQ is fully committed to providing reasonable testing accommodations for all individuals with disabilities covered by the Americans with Disabilities Act (ADA) (or the Canadian equivalent). Requests for testing accommodations for a documented disability are considered on a case by case basis.

Candidates requesting Testing Accommodations **MUST** complete and submit this application form and wait for approval of accommodations **PRIOR TO** scheduling an exam appointment with Prometric.

This form should be uploaded to a candidate's MyNCIDQ account during the application process under the **HISTORY** tab. The results of the Testing Accommodations request will be emailed to candidates and will also be viewable via a candidate's MyNCIDQ account.

Candidate must have a qualified licensed professional complete the Professional Evaluation section of this form. The professional must be an individual qualified to assess, diagnose and treat the stated disability. Any information and documentation provided regarding the need for accommodations in testing will be kept strictly confidential and will be shared only to the extent necessary with our testing vendor.

### I. Candidate Information:

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NAME

EMAIL ADDRESS

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ADDRESS

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CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

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CONTROL NUMBER

## II. Testing Accommodations Request

Have you ever been granted testing accommodations?

- YES
- NO

If YES, please document at least one instance where testing accommodations for a similar testing experience was granted.

Year of Accommodation	Type of Accommodation	Name of Institute/Organization that Provided Accommodation

*I certify that the information provided is true and accurate. I understand that CIDQ will disclose information, as necessary, to Prometric, our testing vendor, for the sole purpose of establishing the requested testing accommodation(s). Such information will be treated in strict confidence, in accordance with the CIDQ Privacy Policy.*

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PRINTED NAME

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SIGNATURE

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DATE

### III. Professional Evaluation (to be completed by a qualified health care professional)

#### DOCUMENTATION OF DISABILITY-RELATED NEEDS BY QUALIFIED PROFESSIONAL\*

A qualified health care professional (i.e. physician, psychologist, psychiatrist) must complete this section to ensure that CIDQ is able to provide the appropriate accommodations for taking the NCIDQ exam.

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NAME OF PROFESSIONAL

TITLE

OCCUPATION

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PRIMARY MAILING ADDRESS

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CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

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PHONE

EMAIL

**\*MUST be licensed/certified to assess, diagnose and treat the stated disability.**

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_ in my capacity as a(n)  
CANDIDATE'S NAME

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PROFESSIONAL TITLE

Based on your professional assessment, please provide the following information: (1) the length of time you have treated the candidate and whether treatment has ended or is ongoing, (2) the nature of the disability as it relates to the candidate's ability to sit for the NCIDQ exam, (3) a description of how the disability will affect the candidate's ability to sit for the NCIDQ exam, (4) how long you expect the candidate's limitations to continue, such that they will continue to require the testing accommodation.

DESCRIPTION OF DISABILITY

SPECIFIC ACCOMMODATION(S) REQUESTED

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The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that because of this applicant's disability described above he or she should be provided with the testing accommodations identified.

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PROFESSIONAL'S SIGNATURE

DATE

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PROFESSIONAL'S PRINTED NAME

PROFESSIONAL'S TITLE

LICENSE NUMBER