



Recognized as the World Leader in Animal Chiropractic

ANIMAL CHIROPRACTIC CERTIFICATION COMMISSION

ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES

Candidates with disabilities may apply to the ACCC for testing accommodation. Candidates must complete and submit a Candidate Accommodations Form. A professional verification for accommodations form must be completed by a suitably qualified health care provider and accompany the request for candidate accommodations.

- The candidate must be assessed by a suitably qualified health care provider within three (3) years of the application date.
- All documentation must be received by the ACCC/AVCA office no less than 2 weeks prior to the application deadline.
- Such accommodations must not disadvantage other candidates and must not alter the reliability and validity of the examinations.

Reasonable accommodation means:

An adjustment or modification of the standard testing conditions that ameliorates the impact of the applicant's disability without doing any of the following:

- altering the nature of the examination or the ACCC's ability to determine through examination whether the applicant possesses the essential knowledge, skills, and abilities required to practice animal chiropractic;
- imposing an undue burden on the ACCC and/or other candidates;
- compromising the security of the examinations;
- compromising the validity of the examinations.

The candidate's application will be assessed by the Certification Commission with a view to the candidate's safety and the Commission's liability in allowing the candidate to test.

The Commission may request additional documentation or testing to substantiate the disability.

The Commission will then notify the candidate of its decision as to whether to allow the candidate to test, or to make a recommendation that the candidate sit a future examination.

The decision of the Commission will be final in that regard.

OTHER TESTING ACCOMMODATIONS

The ACCC will make reasonable efforts to accommodate eligible candidates, who provide documented evidence of their need for special arrangements, with auxiliary aids and services that do not present an undue burden to ACCC and do not fundamentally alter the measurement of the knowledge and skills the assessment is intended to test. Examples of potential special accommodations may be requested for injury, religion, or perceived bias. If special testing arrangements are required, the candidate must inform the ACCC of such requirement in writing with documentation evidence to support the accommodation request. Request and all documentation must be received by the ACCC/AVCA office no less than 2 weeks prior to the application deadline.

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REQUEST FOR CANDIDATE ACCOMMODATIONS FORM

Complete this form only after you have read the Accommodations for Candidates with Disabilities Policy above and only if you have a documented disability.

If a candidate is physically unable to perform the required actions in the clinical (practical) competency examination, Candidate Accommodations Form and a Health Care Professional Accommodations Form must accompany the candidate's application. The application, forms and documentation must be received no less than 2 weeks prior the examination application deadline. Such accommodations must not disadvantage other candidates and must not alter the reliability of the examinations.

Name: _____ Degree: _____

Address: _____

Daytime Telephone: _____ Email: _____

Are you repeating the ACCC/AVCA Certification Examination? Yes No

If yes, did you receive special accommodations before? Yes No N/A

Please describe your disability?

What accommodations(s) are you requesting from ACCC/AVCA?

Required Health Care Professional Documentation for Accommodation Request:

Verification must be submitted on health care professional letterhead stationary and must include the following:

1. Assessment must be within 3 years of submission.
2. Specific description of the disability and limitations related to testing;
3. Specific recommended accommodation;
4. Name, title and telephone number of the health care professional or learning specialist;
5. Original signature of the health care professional or learning specialist.

If the candidate received no accommodations during higher education, you must provide a written explanation for why accommodation is being requested now for this examination.

I understand that ACCC/AVCA will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to the ACCC Certification Examination, by reason of my disability. I understand that the ACCC/AVCA reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination as to whether to provide the accommodations I have requested above

Candidate Signature _____ Date: _____

I hereby authorize and request the health care professional identified to release the information requested by the ACCC/AVCA relating to my disability and the accommodation appropriate to my disability to sit for the ACCC/AVCA Certification Examination.

Candidate Signature _____ Date: _____

The candidate's application will be assessed by the Certification Commission with a view to the candidate's safety and the commission's liability in allowing the candidate to test. The commission will then notify the candidate of its decision as to whether to allow the candidate to test, or to make a recommendation that the candidate sit a future examination. The decision of the commission will be final in that regard.

Professional Verification for Reasonable Accommodation Documentation

Use of this form by a licensed or certified health care professional is optional. However, if this form is not used, all the information requested must be provided on official letterhead stationery of the licensed or certified health care professional or the request for accommodation will be incomplete and cannot be processed.

Candidate Name: _____

Please print clearly

1. Describe the credentials and experience, which qualify you, the licensed or certified health care professional, in the specific disability area to make the determination of the disability and the recommended accommodation.

2. What is the nature and extent of the candidate's impairment?

3. What effect does the impairment have on the candidate's ability to perform under standard testing conditions?

4. What special provision or modification is the medical authority recommending?

Professional's Name (Print)	Professional License or Certification Number
Title:	Telephone Number:
Institution/Business Name:	Address:

Signature

Date