COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION

Exam Accommodation Request Form

All ADA documentation must be submitted by the application deadline, including this form. If not received by the application deadline, your accommodation request will not be processed. If not received, you will either forfeit your accommodations for the exam, or be required to defer to the next exam window and pay a $125 deferral fee.

This request has two sections to be completed by:

1) Candidate (Required)
2) Physician or Licensed/Certified Professional (Required)

NAME

First _____ Middle Initial _____ Last _____

Former Name (If Applicable) _____

ADDRESS

Street _____ Apartment/Suite _____

City _____ State _____ Zip Code _____

Section 1. Information supplied by Candidate.		
I have read and understand the guidelines for Test Accommodations as listed in the CRC Certification Guide Section 12.	[ ] Yes	[ ] No
Do you have a documented, diagnosed disability that may create a barrier to sit for a 175-multiple choice, computerized exam for up to 3.5 hours of exam content and separate time for a brief tutorial and post-test evaluation for a total of up to 4 hours?	[ ] Yes	[ ] No

Requested Accommodation(s)		
Adjustable workstation = Height Table	[ ] Yes	[ ] No
Beverage (Applicant supplied. Medical documentation demonstrating need and reason)	[ ] Yes	[ ] No
Extra Time--one and one half (Total 5.25 hours)	[ ] Yes	[ ] No
Adjustable Contrast (Documentation required from an ophthalmologist or vision specialist showing specific contrast needed for your condition)	[ ] Yes	[ ] No

ZoomText Software Application 2019 (All candidates requesting ZoomText should be experienced ZoomText users. Test Center will not provide training)	[ ] Yes	[ ] No
JAWS (Job Access with Speech) (All candidates requesting Jaw should be experienced Jaws users. Test Center will not provide training)	[ ] Yes	[ ] No
Separate Room & Live Reader (REQUIRED - documentation from a physician or licensed/certified professional. MUST INCLUDE the need for a live person in place of a screen reader and previous provision of this accommodation)	[ ] Yes	[ ] No
Separate Room & Scribe/Recorder (Individual to operate mouse and/or keyboard) (REQUIRED - documentation from a physician or licensed/certified professional and the need for this accommodation in place of a track ball mouse	[ ] Yes	[ ] No
Separate room (REQUIRED - documentation from a physician or licensed/certified professional. MUST include that this accommodation has been provided previously for a same or similar exam)	[ ] Yes	[ ] No
Sign Language Interpreter (REQUIRED - documentation that this accommodation was provided previously for a same or similar exam. The only time communication between a candidate and another person should occur during the test period is at **Check-in: Upon entry to the testing center to notify the staff you are present.** All other communication can be done via a notepad or the candidate may bring a family member to wait in the test center reception area and provide the minimal translation that may be needed (prior approval mandatory). ***The ADA allows for comparable accommodations in place of an American Sign Language (ASL) interpreter.***	[ ] Yes	[ ] No
Touch Pad Mouse (REQUIRED - documentation from a physician or licensed/certified professional)	[ ] Yes	[ ] No
Track Ball Mouse (REQUIRED - documentation from a physician or licensed/certified professional)	[ ] Yes	[ ] No
Screen magnifier (This option is available on the browser by clicking + or - buttons)	[ ] Yes	[ ] No
Other (please explain)		

No applicant shall be offered an accommodation that would compromise the certifed rehabilitation counselor examination's ability to test accurately the skills and knowledge it purports to measure. Similarly, no auxiliary aid or service will be provided that will fundamentally alter the examination.

The space in a typical testing center shows the separations in cubes and spread-out seating compared to standard classroom settings. The testing room is quiet (no speaking is allowed), noise cancellation phones are provided when requested in advance.

For more details about CRCC ADA accommodations, refer to the CRC Certification Guide.

Section 2. Information supplied by Physician or Licensed/Certified Professional

The above-named candidate has applied to sit for the Certified Rehabilitation Counselor exam. This exam consists of 175-multiple choice questions. The exam is delivered via computer and is completely accessible with all forms of assistive technology and/or devices. Each candidate is provided a private cubicle and privacy headphones are available. There is no verbal or written communication with other persons in the room during the exam. There is a time limit of 3.5 hours to complete the exam content, as well as separate time for pre-test tutorials and post-test evaluation for a total of up to 4 hours.

The above-named person has requested the selected accommodations that require medical documentation of need. Your signature testifies that you provide care, or have provided care, to the above-named person and that the requested accommodations are reasonable and necessary for the type of exam and environment described above.

[ ] Date of individualized assessment of candidate

[ ] State a specific diagnosis of a disability.

[ ] Give a detailed description of the applicant's current functional limitations due to the diagnosed disability.

[ ] Recommend specific accommodations, including assistive devices, related to test taking needs. Provide a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations on the examination for which they are requested.

Physician or Licensed/Certified Professional Signatures and Credential Information

Printed Name and Title of Qualified Professional	License and/or Other Relevant Credential Number
Signature of Qualified Professional	State of License and/or Credentials

Date: _____

ADDRESS OF ABOVE PROFESSIONAL

Street _____ Apartment/Suite _____

City _____ State _____ Zip Code _____

Phone Number of Above Professional: _____