## IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

## ADA EXAMINATION ACCOMMODATION POLICY

The Division of Occupational and Professional Licenses ("DOPL") provides administrative services for many professional and occupational Boards and one Commission. The Boards served by DOPL comply with the Americans with Disabilities Act of 1990 (ADA) and will take all appropriate steps to attempt to accommodate requests from qualified candidates with a diagnosed disability for accommodations to take the examinations required by the Board's licensure procedures. If you have a disability, you may be eligible to receive testing accommodations. To arrange for accommodations, you must request and receive approval for the accommodation by filling out and submitting the form below.

Submission of an accommodation request does not guarantee that testing accommodations will be made. The Board will review your request to determine whether the accommodation is a reasonable request and properly documented and appropriate to the testing environment or whether it would fundamentally alter the nature of the examination or jeopardize exam security.

## IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES APPLICATION FOR DISABILITY ACCOMMODATION

Please print clearly. Failure to provide the requested information may result in the denial of your request.

Α.	A. APPLICANT INFORMATION	
	Name (Last, First, Middle Initial):	
	Address:	
		ty, State, Zip
	Phone Number (with area code):	
В.	B. EXAMINATION	
	Please identify the examination for which you are requesting accommodations.	
C.	ACCOMMODATIONS REQUESTED	
	Please be specific and enclose supporting documentation. evidence supporting the claim for disability that necessitate	
D.	SIGNATURE (Form Cannot Be Processed Without Signatures)	
	I am applying for specific accommodations under the Americans with Disability Act in order to sit for licensure examination. I understand scores earned with accommodation may be reported as "non-standard" on score reports. I verify the information on this form is accurate to the best of my knowledge. I authorize the release to the Division of Occupational and Professional Licenses full diagnostic information by school officials, physicians, or others having such information. I understand that any documentation provided to the Division will be kept confidential, will be used solely to determine eligibility, and will not become part of my permanent score record. If this application cannot be approved based on the information submitted, I understand that I will be scheduled for examination without accommodation.	
	Applicant's Signature	Date
	If Applicant is Under 18, Parent/Legal Guardian Signature	Date