

Division of Occupational & Professional Licenses

Guidelines & Application for Requesting Special Accommodation -

This document contains the established policies, requirements, and application for candidates requesting an accommodation during an examination through the Division of Occupational & Professional Licenses (DOPL) for licensing purposes. These policies have been specifically designed for the following Boards:

- Idaho Electrical Board
- Idaho State Plumbing Board
- Idaho Public Works Contractors License Board
- Idaho Building Code Board & Factory Built Structures Board
- Idaho Heating, Ventilation and Air Conditioning (HVAC) Board

This version of the *Guidelines & Application for Requesting Special Accommodation* supersedes all others.

Education & Exams Department

BCRE-Exams@dopl.idaho.gov 208.332.8983

DOCUMENTATION GUIDELINES FOR EVALUATORS

INTRODUCTION

The Division of Occupational & Professional Licenses (DOPL) is committed to ensuring access to the licensing exam for all candidates. DOPL provides reasonable and appropriate accommodation to individuals with documented disabilities who demonstrate a need for accommodation.

PURPOSE OF ACCOMMODATION

Requests for exam accommodation are considered on a case-by-case basis. No single type of accommodation (i.e., extra time) would necessarily be appropriate for all individuals with disabilities.

The purpose of exam accommodation is to ensure that candidates can take the test in an accessible manner. However, accommodation is not a guarantee of improved performance or test completion.

CANDIDATE INFORMATION

GENERAL GUIDELINES

To request an accommodation, you MUST submit the following:

- A completed Application for Special Accommodation (see below).
- A detailed, comprehensive written report from a qualified medical professional describing your disability, its severity, and an explanation of the need for the requested accommodation.

FIRST NAME:		L	LAST NAME:	
ADDRESS:				
CITY: STA		TATE:		ZIP:
PHONE:		EMAIL:		·
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		isorder		
Intellectual Disab		.:1:±:		
Learning & Other Physical Disorder				
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Psychological and Other. Please elab		sorders		
Otner. Please elab	orate:			
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CTION C - REQU				
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Extended Time (c	hoose one belov	w)		
Standard + 1	00%	Standard + 50%	6	Standard + 30 min
Reader	•		•	
Recorder/Scribe				
Separate Room				

List the attachments you are submitting as documentation for your request; these documents should be from a qualified medical professional.

SECTION E - AUTHORIZATION

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information requested to the Division of Occupational & Professional Licenses for use in determining eligibility for the requested special accommodation. I understand that DOPL reserves the right to verify all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this special accommodation.

SIGNATURE: DATE:

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from DOPL. If you have any questions, please contact the Education & Exam Department at BCRE-Exams@dopl.idaho.gov or 208.332.8983.