



APPLICATION FOR TESTING ACCOMMODATIONS

Please indicate "ADA Materials" on the envelope, and return complete application and attachments to:

Executive Director
American Board of Clinical Neuropsychology, Inc.
Department of Psychiatry (F6332, MCHC-6)
University of Michigan Health System
1500 East Medical Center Drive
Ann Arbor, MI 48109-0295

Please type or print.

1. Accommodations are requested for the following examination(s):

Written Oral Both

2. Name: Last First Middle

3. Address: Street

City State/Province Country

Postal Code Daytime Telephone Number

4. Social Security #: 5. Date of Birth

6. Nature of Disability (Complete and return checklists A, B, and/or C as indicated below.):

Hearing (A) Visual (A) Physical
Learning (A & B) Attention-Deficit/Hyperactivity (A & C)
Other (A) (specify):

7. In order to document your need for accommodation as completely as possible, please attach, in addition to the professional documentation detailed in ABCN's Qualifications for Testing Accommodations, a personal statement describing your disability and its impact on your daily life and professional practice.

8. How long ago was your disability first professionally diagnosed?

< 1 year

1-2 years

3-4 years

> 4 years

9. What accommodation(s) are you requesting? *Accommodation(s) must be appropriate to the disability.*

10. If you are requesting additional time, please indicate the amount of time supported by your documentation.

Double time

Other (specify)

11. Do you require wheelchair access to the examination facility? Yes No

12. Prior test accommodations that you have received on

STANDARDIZED EXAMINATIONS:

a. Scholastic Aptitude Test (SAT): Month/Year _____ / _____

Accommodations received _____

b. American College Testing Program (ACT): Month/Year _____ / _____

Accommodations received _____

c. Graduate Record Examination (GRE): Month/Year _____ / _____

Accommodations received _____

d. National Licensing Examination (EPPP): Month/Year _____ / _____

Accommodations received _____

e. State Licensing Examination:

State _____ Month/Year _____ / _____

Accommodations received _____

f. Graduate School:

Name of School _____ Month/Year _____ / _____

Accommodations received _____

g. American Board of Professional Psychology (ABPP):

Specialty Board _____

Month/Year _____ / _____

Accommodations received _____

h. Other Board Certification:

Specialty Board _____

Month/Year _____ / _____

Accommodations received _____

13. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way to others about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABCN to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABCN in this regard and to provide the ABCN with such clarification and/or further information.

Signature _____ Date _____

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CHECKLIST A
Documentation Requirements for All Disabilities

To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:

- _____ Be written by a licensed or certified professional who is appropriately qualified to evaluate the disability.
- _____ Be on the examiner's letterhead with the examiner's credentials, address, and telephone number given in the letterhead or title.
- _____ The candidate's name, date of birth, and date of testing, and it must be signed by the examiner.
- _____ Identify the applicant's disability and how the disability substantially limits one or more major life activities of the applicant.
- _____ A history of the disability, including previous settings in which accommodations have been granted. If there have been no previous accommodations, the examiner must explain why current circumstances necessitate accommodations.
- _____ Diagnostic information from one of the following sources: International Classification of Diseases, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
- _____ Specific recommended accommodations with a rationale for why each accommodation is needed.

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CHECKLIST B
Documentation Requirements for Learning Disabilities

To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:

- _____ A psychoeducational or neuropsychological evaluation of the applicant as an adult prepared by a licensed or certified psychologist.
- _____ A complete cognitive assessment using appropriate standardized and well-normed tests.
- _____ A comprehensive achievement test battery in relevant areas such as, reading, spelling, written language, and mathematics.
- _____ Test instruments must be reliable, valid, and standardized on adult populations. Test scores must be reported using standard scores or percentiles.
- _____ A history of the candidate's educational performance documenting the nature of school difficulties. Information about learning difficulties in school and documentation of prior accommodations should also be included.
- _____ Documentation of cognitive and achievement deficits that relate directly to the requested accommodations.

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CHECKLIST C
Documentation Requirements for
Attention Deficit/Hyperactivity Disorder

To be granted accommodations at either the written or oral examination of ABCN, the applicant must submit a letter or report diagnosing the applicant's disability. The letter/report must include the following:

- _____ A multidimensional diagnostic evaluation by an appropriately licensed or certified psychologist, neuropsychologist, or physician that includes historical, observational, medical, developmental, neuropsychological testing, and educational testing information.
- _____ The letter or report must have been completed within the past five years of the candidate's request for accommodations and include a description of the current functional limitations.
- _____ A summary of clinical interviews, observations, and results from checklists provided by the candidate and parents, teachers, professionals, or supervisors.
- _____ Results of each objective test must be listed and reported in standard scores or percentiles.
- _____ A discussion of possible differential diagnoses must be included.
- _____ Recommendations for treatment (medication or behavioral interventions) and academic accommodations should be included with a rationale for why specified test accommodations are needed. It is important to document prior accommodations. If prior accommodations have not been provided, a clear explanation should be included as to why the requested accommodations are needed at this time.