Candidate Form - ADA Exam Accommodation Request

The Americans with Disabilities Act (ADA) requires that reasonable accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person's major life activities (e.g., walking, hearing, speaking, seeing, breathing). AAPC will provide reasonable accommodations to qualified applicants who have documented disabilities and demonstrate a need for accommodation(s) during the examination. The purpose of the AAPC certifications is to test an examinee's knowledge of coding principles, proficiency and speed in coding accurately and efficiently. The AAPC examination measures a coder's skill by coding accuracy and production time. AAPC will consider accommodation requests for additional test time of up to a total of six hours and 40 minutes of testing time.

INSTRUCTIONS: To support a request for test accommodation, please complete this form and attach current medical evaluation form (not more than 1 year old) from a qualified health professional which addresses the issues listed below. Submit the completed form and the required documentation with your application materials.

Please type.

I. **Exam Candidate Information**

Name: _____

AAPC Member Number: _____

Address: Street _____

City, State, Zip/Postal Code: _____

Requested Test Location: _____

Have you previously requested accommodation on an AAPC certification exam?   Yes ☐   No ☐

Indicate test date(s) for which accommodations were previously requested: _____

II. **Nature of Your Disorder/Condition** (check all that apply and provide specific diagnosis if available)

Visual ☐ Specific visual diagnosis _____

Physical ☐ Specific physical diagnosis _____

Cognitive ☐ Specific cognitive diagnosis _____

Psychological ☐ Specific psychological diagnosis _____

Hearing ☐ Specific hearing diagnosis _____

Other ☐ Other diagnosis _____

III. <u>Prior Testing Accommodation</u>—Complete this section only if you are requesting accommodations under AAPC's Policy on Prior Testing Accommodations

A. Were you previously approved to receive testing accommodation on a standardized test (eg, SAT, ACT)?   Yes ☐   No ☐

B. If you answered Yes to III. A, Submit proof of specific accommodation(s) granted from the test sponsor of the test for which accommodation(s) was previously approved.

Exam Candidate Name: _____

AAPC Member Number: _____

IV. **Accommodation(s) Requested**

1. **Test Format:** (If you do not complete this section, the regular print test book will be used. Certification exam materials are available in the following format upon request.)

   Large-print (18 pt.) test book ☐

   Other ☐ Please explain: _____

2. **Test Accommodation(s):** The following are the most commonly requested test accommodations. If the accommodation requested is not listed, mark "other" and explain the accommodation.

   AAPC does not offer an untimed test. The amount of additional test and break time requested must be specified.

   A. Additional time: One hour of additional time ☐

       Other ☐ Please specify: _____

   B. Alternate answer sheet (eg, mark answers in the certification exam booklet) ☐

   C. Additional rest time ☐

       The number of minutes of additional rest time must be specified: _____

   D. Other ☐ Please specify: _____

V. Please note that this form is required for ADA accomodation requests. Exam candidates are responsible for the completeness and accuracy of the information provided on this form and are subject to the misconduct and irregularity policies as described at AAPC.com.

In order for an application to be complete, you must submit the candidate form and medical evaluation documentation in a complete package.

Please allow two to three weeks for processing. Once approved, you will be given the list of test dates where ADA accommodations are available.

I certify that all of the information on this form is true and correct.

Signature: _____

Date: _____

If you are unable to sign this form, please have someone sign and date it in your presence.

Signature: _____

Date: _____

Revision date: 12/2015