



**National Certification Commission for Acupuncture and Oriental Medicine
(NCCAOM®)**

76 S. Laura St, Suite 1290, Jacksonville, FL 32202
Phone: 904-598-1005 Fax: 904-598-5001

Candidate Request for ADA Accommodations

Part 1: Candidate Information

If you are requesting accommodations under the Americans with Disabilities Act (“ADA”), complete this entire form and return it, along with the “Professional’s Documentation of ADA Accommodations Request” form AND the “School Confirmation of ADA Accommodation History” form, to NCCAOM.

Name:			Last Four Digits of Social Security Number:		
Address:			Date of Birth:		
City:	State:	Zip:	Phone Number:		
E-mail Address:			Fax Number:		
Type of Disability:			Did you receive ADA accommodations during your formal education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accommodation(s) requested (e.g., extra time, private testing room, etc.):			If “yes,” list type of accommodation:		
Are you retaking a NCCAOM exam? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” give name and date of previous exam:			Name and address of acupuncture or Oriental medicine school you attended:		
Did you receive accommodations on a previous NCCAOM examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” describe the accommodations provided:			Name and phone number of school disability services coordinator or administrative contact (not a faculty member unless he or she was responsible for disability services):		
If you have received accommodations from NCCAOM in the past four years and you are requesting the same accommodations that were previously provided you, you will not need to submit the “Professional’s Documentation of ADA Accommodations Request” form or the “School Confirmation of ADA Accommodation History” form			Name, address, and phone number of professional responsible for the disability diagnosis:		



Part 2: Personal Narrative

Below, provide a personal narrative answering the following questions: (Please note that the field will expand as you type in the field).

- What is your disability and when was it first diagnosed? What treatments or measures have been taken to mitigate its impact?
- What accommodations did you receive in the past in standardized testing environments or during formal education?
- What is the current impact of your disability on your ability to take an NCCAOM exam under standard conditions?
- How will the accommodation(s) requested reduce the impact of the disability?



Part 3: Acknowledgment, Attestation, and Authorization

This form is part of the application process for NCCAOM certification. All applicants are responsible for the completeness and accuracy of the information provided and are subject to NCCAOM's ethical and disciplinary policies as described in the Candidate Handbook.

Requests for accommodations that are not supported by appropriate documentation may be denied. NCCAOM reserves the right to request individuals provide additional supporting documentation if required.

By signing below, I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF THIS INFORMATION IS NOT SUFFICIENT, I AUTHORIZE NCCAOM TO OBTAIN ADDITIONAL INFORMATION FROM THE PROFESSIONALS WHO TREATED OR EVALUATED MY DISABILITY AND/OR OTHER INDIVIDUALS WHO COMPLETE DOCUMENTS ON MY BEHALF THAT ARE RELATED TO THIS REQUEST. IN ADDITION, I AUTHORIZE THOSE PERSONS TO PROVIDE ADDITIONAL INFORMATION TO NCCAOM IF NECESSARY FOR EVALUATING THE APPROPRIATENESS OF THE REQUESTED ACCOMMODATION. I ACKNOWLEDGE THAT NCCAOM RESERVES THE RIGHT TO MAKE A FINAL DETERMINATION AS TO WHETHER ANY REQUESTED ACCOMMODATION IS WARRANTED AND APPROPRIATE. I ALSO ACKNOWLEDGE THAT NCCAOM MAY WITHHOLD OR CANCEL MY SCORES IF IT IS SUBSEQUENTLY DETERMINED THAT IN NCCAOM'S JUDGMENT, ANY INFORMATION PRESENTED ON THIS APPLICATION OR IN THE SUPPORTING DOCUMENTATION IS FALSE OR INTENTIONALLY DECEPTIVE OR MISLEADING.

Print Name: _____

Signature: _____

Date: _____