

Special Accommodations Request Form (New Request)



Revised February 2021; Updated January 2022; 4 Pages

In accordance with the “Americans with Disabilities Act” (ADA), HSPA will arrange to provide special testing accommodations for those individuals with a qualifying condition or disability that necessitates the provision of a testing accommodation under the ADA provided that such accommodations do not fundamentally alter the measurement of the skills or knowledge being assessed and are not unduly burdensome. To qualify for a testing accommodation under the ADA, you must demonstrate that you have a qualifying disability that necessitates the provision of a testing accommodation. A disability is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, as compared to most people in the general population. Supporting medical or other documentation is your responsibility and must be prepared and obtained at your expense. Accommodations will be provided at a designated testing center at no additional cost to the applicant. HSPA’s “Americans with Disabilities Policy Statement” is printed on the final page of this form and can also be found in full at www.myhspa.org. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you complete this form and **return it with your examination application**.

Candidates requesting a new special accommodation for an HSPA examination must have this form completed by a qualified and licensed/certified healthcare or other professional with specific and appropriate expertise evaluating adults with the candidate’s impairment who has assessed their condition or disability in order for their accommodations request to be processed. If you have received a previous HSPA-Approved accommodation, please email certification@myhspa.org.

To request a new testing accommodation for a disability, submit this request (both pages) and all supporting documentation along with your exam application. Additional information on certification requirements, policies, and procedures is available in the HSPA Handbook and at myhspa.org/certification. For further assistance, contact HSPA at 312.440.0078 or certification@myhspa.org.

Please complete each page and mail, fax, or email your completed application to:

Mail: **HSPA**
55 West Wacker Drive, Suite 501
Chicago, IL 60601

Fax: **312.440.9474**
Email: **certification@myhspa.org**

SUBMISSION CHECKLIST

Section 1: Examination Type

I have selected the exam I am applying for.

Section 2: Applicant Information

I have completed the applicant information.

Section 3: Professional Documentation

I have provided documentation from a qualified and licensed/certified healthcare or other professional.

Section 4: Policy Statement

I have read the policy statement

Please note that incomplete forms may cause delays in processing and/or the ability to make the appropriate arrangements for your accommodation by your testing date.

We recommend submitting your requests as far in advance of your testing date preference as possible. Some requests require substantial investment of time to review if, for example, additional supporting documentation is needed and, once granted, to make the necessary arrangements.

Candidates do not need to re-submit medical or other documentation to receive the same accommodation approved by HSPA on a future examination so long as the same accommodation is being requested. If new or additional accommodations are being requested, the candidate must submit the Special Accommodations Request Form and supporting documentation.

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SECTION 1: EXAMINATION TYPE (PLEASE CHECK ONE)

Please let us know which exam you are applying for.

- CRCST: Certified Registered Central Service Technician**
- CIS: Certified Instrument Specialist**
- CER: Certified Endoscope Reprocessor**
- CHL: Certified Healthcare Leader**

SECTION 2: APPLICANT INFORMATION

Please enter your first and last name as they appear on your primary government issued photo ID.

Mr. Mrs. Ms. Dr.

Applicant First Name: _____

Applicant Last Name(s): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Personal Statement (for disability-related accommodations; please attach additional pages if necessary)

List and, where applicable, submit documentation of past accommodations you have received for standardized testing, or in academic settings. If you have received no previous accommodations, then you should provide an explanation for why no accommodations have been received in the past and why accommodations are necessary now.

What is the nature of your impairment?: _____

When was it first identified or diagnosed?: _____

When was it last evaluated and/or treated?: _____

Please identify the professional who evaluated and/or treated the condition: _____

Requested Accommodation: _____

Applicant Release

Qualified and licensed/certified healthcare provider or other professional: I am requesting a special accommodation for my HSPA exam. I authorize you, my health care provider or other appropriate professional, to complete the HSPA Special Accommodations Request Form and to provide such information to HSPA as you deem relevant for this request.

In addition, I agree to provide to HSPA all required documentation in connection with my request for accommodation of my stated disability. I declare and verify under penalty of perjury that all information provided by me to HSPA or to others evaluating my disability is true to the best of my knowledge and belief. I understand and agree that the HSPA has requested this documentation for use in evaluating the existence and nature of my disability and the need for the requested accommodation. I further understand and agree that HSPA may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation. I agree that HSPA and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents. I authorize those individuals to disclose such information concerning their evaluation.

Applicant Signature: _____ Date: _____

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PROFESSIONAL DOCUMENTATION OF DISABILITY-RELATED NEEDS

SECTION 3: PROFESSIONAL DOCUMENTATION

This section to be completed by a qualified and licensed/certified healthcare or other professional with specific and appropriate expertise evaluating adults with the applicant's impairment. Attach additional pages if necessary.

Applicant First Name: _____ Applicant Last Name(s): _____

I have known: _____ since: _____
NAME OF APPLICANT DATE

in my capacity as a(n): _____
PROFESSIONAL TITLE AND A DESCRIPTION OF YOUR SPECIALTY/EXPERTISE

Please attach your professional report which should include the following:

- Description of the specific functional limitations caused by the Candidate's impairment that require accommodation;
- Description of the history of treatment and/or rehabilitation efforts that the Candidate has received for their impairment;
- Documentation addressing whether the Candidate's impairment substantially limits one or more major life activities within the meaning of the ADA; and
- ¹Objective evidence of functional limitations including:
 - A list of all standardized test instruments and assessment procedures used to diagnose and evaluate the functional impact of the Candidate's impairment; and
 - Date(s) of assessments and/or treatment contacts upon which your report and opinions are based.¹

The Candidate discussed with me the nature of the test being administered. It is my professional opinion that because of this applicant's disability, I concur that they should be accommodated by providing the special arrangements during the exam administration as outlined below.

Specific Recommended Testing Accommodations for this Candidate (please check all that apply and attach additional pages if necessary)

- Extended testing time (please specify): _____
- Large text test
- Separate testing area
- Special seating (please describe): _____
- Wheelchair accessible testing site
- Food _____
- Drink _____
- Other special accommodations (please explain and be specific): _____

Name of Professional: _____ Title of Professional: _____

Phone Number: _____ License # (if applicable): _____

Address: _____ Date: _____

Signature of Professional: _____

¹Consistent with the ADA's requirements, HSPA will consider all documentation submitted and recognizes that no one piece of evidence may be dispositive in making a testing accommodation determination. Therefore, if a candidate cannot provide results from a specific test or evaluation instrument, this may not necessarily preclude the candidate from receiving the requested accommodation, if the documentation otherwise provided by the candidate, in its entirety, is sufficient to demonstrate they have a qualifying disability and require a testing accommodation.

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SECTION 4: **AMERICANS WITH DISABILITIES ACT POLICY STATEMENT**

HSPA is committed to complying with Title III and all other applicable provisions of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008 (the "ADA"). It is HSPA's policy not to discriminate against any qualified applicant with regard to any term or condition associated with any examination administered by HSPA. Consistent with this policy, HSPA will offer and conduct all examinations in a place and a manner in compliance with the ADA to assure accessibility to qualified persons with disabilities or offer reasonable alternative accessible arrangements for such individuals, where feasible. HSPA also will provide a reasonable accommodation to a qualified person with a disability, as defined by the ADA, who has made HSPA aware of their disability and submitted a Special Accommodations Request Form, provided that the accommodation does not fundamentally alter the measurement of the skills or knowledge associated with the examination and does not constitute an undue hardship on HSPA.

HSPA also will not discriminate against any person because of their known association or relationship with any person with a known or perceived disability.

HSPA encourages any examination applicant with a disability to come forward and request a reasonable accommodation. Any examination applicant with a disability who believes they need a reasonable accommodation to participate in the examination should contact the HSPA Exams Department.

Procedure for Requesting an Accommodation

Upon receipt of a request for an accommodation, HSPA's Certification Department will contact the examination applicant, or their authorized personal representative, to discuss and identify the precise limitations resulting from the disability and the possible accommodation that HSPA might provide to help overcome those limitations.

The determination regarding what might be a reasonable accommodation for an applicant claiming to have a disability in order to assure equal and fair access to the examination being administered will be made on a case-by-case basis. HSPA will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant, taking into account all relevant circumstances including, but not limited to: the nature of the claimed disability; the nature and cost of the accommodation; HSPA's overall financial resources and organization; and the accommodation's impact on certification operations and security. Based upon the circumstances of the case, HSPA may provide: appropriate auxiliary aids or services for an applicant with a sensory, manual, or speaking impairment; and/or modifications to the manner in which the test is administered. HSPA will seek to determine an accommodation that best ensures that the test is administered: to reflect the aptitude, achievement level, or whatever other factor the examination purports to measure, rather than the disability of an applicant; to assure accessibility in the facility where the examination is administered.

Whether a given testing modification is appropriate will be evaluated based on the candidate's impairment and the individual circumstances of the candidate's case, taking into account the candidate's specific limitations and needs.

As a matter of fairness to all candidates and consistent with ADA principles, HSPA will not grant requests that would (i) fundamentally alter the measurement of the skills or knowledge that a particular examination is intended to test; or (ii) result in an undue burden on HSPA. If it is determined that a requested modification would fall into either of these categories, HSPA will contact the applicant to determine whether some other form of modification or method of accommodation will satisfy their needs.

HSPA will inform the applicant of its decision pertaining to the accommodation request. If the accommodation request is denied, the applicant may appeal the decision by submitting a written statement to HSPA's Certification Council explaining in detail why they believe the denial was incorrect and include any additional documentation they wish to be considered. Appeals must be received within 60 calendar days of the date applicant's request for accommodation was denied. If the request on appeal is denied, that decision is final.

Procedure for Requesting a Previously-Granted Accommodation

Non-HSPA Approved Accommodation: Candidates previously approved for an accommodation by another organization, similar to HSPA, may be granted the same accommodation by HSPA. Candidates requesting such consideration should submit a written request for accommodation to HSPA that includes: (i) a completed HSPA request form for a non-HSPA approved accommodation; (ii) a letter from the organization that administered the exam for which the candidate received the requested accommodation stating that the requested accommodation had been approved; and (iii) a copy of all documentation sent to the other testing organization in support of the candidate's request.

Procedure for Reporting Discrimination

An applicant who has questions regarding this policy or believes that they have been discriminated against based upon a disability should notify HSPA's Certification Council. All such inquiries or complaints will be treated as confidential to the extent permissible by law.