

APPLICANT'S RESPONSIBILITIES:

The applicant has the responsibility of submitting current information in a timely manner. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability. The documentation must include:

- A current, valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
- Specific information about the significance of the impact the disability has on the candidate in the testing environment.
- A history of any accommodations previously granted in any educational program or examination.
- Specific recommendations for accommodations.
- An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the written and/or clinical examination.

The Board reserves the right to request additional information at any time from the candidate requesting accommodations on its examinations.

PROCEDURE TO REQUEST AN ACCOMMODATION:

1. The applicant must submit the required documentation with the licensure application prior to the approval of the applicant to sit for the written and/or clinical examination. The required documentation includes a completed Applicant Special Accommodations Request Form, Professional Documentation of Disability Form, and School ADA Accommodation History Form. These forms will be provided by the Board to an applicant upon request. The applicant is not precluded from providing any additional documentation. The cost of providing the required documentation is the applicant's responsibility.
2. Receipt of the licensure application and required documentation will be acknowledged by the Board. If the applicant's documentation is incomplete or insufficient, notice will be given to the applicant by the Board.

The Board will review the request only after receiving all of the required documentation. Processing and decision-making on a completed application is expected to take three (3) weeks. Each request will be considered on its own merit relative to the documentation received regarding the disability.

If the applicant has more than one disability for which he/she is seeking accommodation, separate documentation is required for each disability.

QUALIFIED APPLICANTS:

The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Disability under the WLAD means the presence of a sensory, mental, or physical impairment that is medically cognizable or diagnosable; exists as a record or history; or is perceived to exist. A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity.

A "qualified" individual with a disability is one who meets the statutory and regulatory requirements to sit for the examination and with or without reasonable accommodation, can perform the essential functions of a dentist.

Reasonable Accommodation means a modification in the examination administration that does not fundamentally alter the requirements for licensure or the measurement of the knowledge, skills and abilities, the examination is designed to test or that does not impose an undue hardship.

Confidentiality of Required Documentation

The Board shall maintain confidentiality of medical information obtained through the accommodation process to the extent the law allows and conditioned upon the Public Records Act, RCW 42.56. Further dissemination may be made to Board staff or an independent expert hired by the Board to assist in evaluating the application as needed to ensure effective management of the reasonable accommodation process. Retention and destruction of the documents will be made pursuant to the Department of Health's Record Retention Policy.

BOARD DECISION MAKING PROCESS:

Applications should be reviewed to determine whether the applicant meets the definition of a Qualified Applicant and, if so, whether the modification requested meets the definition of a Reasonable Accommodation. The Board recognizes that it must provide thorough yet expeditious review and decisions upon receipt of completed requests for examination accommodations. For purposes of such reviews, the Board delegates to the chair its review and decision-making authority and discretion to act.

The chair shall have the authority to coordinate with the program manager to ensure that any request or appeal is complete and to communicate with the applicant in a timely manner regarding any incomplete request or appeal and what the applicant must do to perfect the request or appeal.

The chair will use his clinical expertise to review the request or appeal for accommodations. The chair may also attain independent expert opinions for any request or appeal. The costs of retaining independent expert opinions will be carried by the Board.

Once the applicant is determined to meet the definition of a Qualified Applicant, then the requested accommodation will be considered in terms of whether the accommodation:

- Will fundamentally alter the knowledge, skills and abilities the examination is designed to measure,
- Is appropriate to the identified need,
- Is reasonable*, and
- Is within the parameters of the both the ADA and WLAD's requirements

*An accommodation may not be reasonable if it causes the Board undue hardship. ADA states that undue hardship means an action requiring significant difficulty or expense. When determining reasonableness, the Board will consider the following:

- The nature and cost of the accommodation,
- The impact of the accommodation on operations of the testing center,
- The overall financial resources of the Board, and
- The availability of alternative accommodations that would not impose such hardship.

Examples of accommodations that could be provided include:

- One and half times the standard time given
- Double the standard time given
- Zoom Text (software that enlarges print on the computer screen)
- Screen magnifier
- Separate room
- Reader
- Scribe

If a candidate requests a reasonable accommodation that is not included in the standard list, the Board may work with the Department of Health to accommodate the individual. Some examples of other accommodations that may be provided are: Colored overlays, magnifiers for paper exams, and ear plugs.

The chair will communicate any decision on a request or an appeal in writing addressed to the applicant at the address used by the applicant on the applicable form or document. The chair's decision will identify any relevant facts, its conclusions, and its decision. If independent expert opinion was used, the decision will reflect the source of such independent expert opinion. Any decision on a request that does not grant a specific accommodation as requested by the applicant will identify for the applicant his or her rights to appeal and the appeal process as described herein. If the modification granted is not listed among those provided on the Applicant Special

Accommodations Request Form, the decision to grant the accommodations will be subject to final approval by the board. The applicant will be informed of this final condition.

The chair has the authority to refer any request or appeal back to the full Board or to appoint another member of the Board who is licensed as a dentist to take action on the request or appeal.

APPEAL PROCESS

An applicant whose request for accommodation is denied in whole or in part may appeal the denial under these appeal procedures. The appeal of a decision denying request for accommodation must include:

- (a) Applicant's name and address;
- (b) Date of request;
- (c) The appeal itself;
- (d) The facts relied upon in support of the appeal, and,
- (e) The appeal must be signed by the applicant.

The appeal should be accompanied by any further documentation and/or explanation not previously provided which the applicant wishes the board to consider in making a decision on the applicant's appeal. The appeal must be postmarked no later than fourteen (14) days after the applicant receives notification of the denial. Notification is presumed to occur three business days after the board mails its decision to the mailing address provided by the applicant on his/her application or to a more current address provided in writing by the applicant. The board will issue a written decision on any timely appeal within thirty (30) days of receipt. The board's decision will be mailed to the applicant to the address listed in the appeal.

The board considers its process under this policy to be covered under RCW 42.30.140(1) and (2) as an exception from the requirements of the Open Public Meetings Act.

Professional Documentation of Disability Form

Applicant Information

Name: _____
Last First Middle

Date of Birth: ____/____/____ SSN: _____

Exam Type (circle one): Denturist Written Exam Denturist Clinical Exam

About the Exam

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at the Department of Health and a clinical examination.

Minimum computer skills are required.

Exam	Number of Questions	Time Allowed	Unscheduled Breaks
Written	240	4 hours	Restroom breaks can be taken at any time; however, the exam timer will continue to elapse
Clinical		9 hours	Breaks can be taken at any time; however, the exam timer will continue to elapse

Professional Contact and Background Information

Name: _____ Title: _____

License Number: _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your Curriculum Vitae (Resume) to show this information.

Disability and Requested Accommodations

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnosis tests.

2. Date of your last consultation with the candidate _____

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate’s major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

- | | |
|--|--|
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Additional Time – Double Time | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Paper and Pencil Exam | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> LARGE PRINT Paper and Pencil Exam | <input type="checkbox"/> Other |

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)

School ADA Accommodation History Form

Applicant Information

Name:

Address:

Date of Birth: ____/____/____

SSN: _____

Phone: _____

The following sections are to be completed by the person responsible for disability services.

School Contact Information

Name: _____ Title: _____

School Name and Address:

Phone: _____ Fax: _____ Email: _____

Disability and Accommodations History

1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.)

2. What accommodations were provided to this candidate while he or she was a student at your institution (check all that apply)?

_____ Additional Time – Time and a half

_____ Reader

_____ Additional Time – Double Time

_____ Scribe

_____ Paper and Pencil Exam

_____ Separate Room

_____ LARGE PRINT Paper and Pencil Exam

_____ Other

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)