



Washington State Department of
Health
 Psychology Program
 P.O. Box 47877
 Olympia, WA 98504-7877
 360.236.4700

Applicant form requesting disability-based accommodation for examination(s)

To be completed by the applicant. (Please Print or Type) – Must Be Legible

If you have a disability and need to request an accommodation for the Examination for Professional Practice in Psychology (EPPP) (www.asppb.org) and/or the jurisprudence examination (WAC 246-924-070), please provide the following information and return this form and the evaluator’s form to the Washington State Examining Board of Psychology (board). Before completing this form you should review the board’s Policies and Procedures for Disability-Based Examination Accommodation Requests. The Policies and Procedures and the Applicant and Evaluator forms are available through the board’s website: <http://www.doh.wa.gov/hsqa/Professions/Psychology/default.htm>. These forms and the documentation related to your request and the board’s decision will become a permanent part of your examination and licensing record.

The board requires that you also submit the evaluator form with current documentation from a qualified/licensed evaluator who knows your disorder/condition and its functional impact on your ability to perform on the EPPP, and/or on the board’s jurisprudence examination, or other similarly timed, standardized admission tests. You should make sure the evaluator has a copy of the board’s Policies and Procedures to review before completing that form. The board will consider the term “disability” as relevant to your request for an examination accommodation as the term is defined under the Americans With Disabilities Act (ADA) and under the Washington Law Against Discrimination (WLAD). These definitions are found in the board’s Policies and Procedures.

The board’s review process and your option to appeal any decision is described in the Policies and Procedures.

I. Background Information

Name: _____ Gender: M or F
 Social Security Number: _____ Date of Birth: _____
 Address: _____
 City, State, Zip: _____
 Requested Test Date: _____ Requested Test Center: _____

Please check box, if applicable. I have previously submitted documentation of my disability accommodation request to the board.

Indicate test date for which documentation is on file: _____.

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

_____ Visual _____
 _____ Physical _____
 _____ Cognitive _____
 _____ Psychological _____

_____ Hearing _____
_____ Other _____

III. Past Accommodations Granted for Your Disorder/Condition

- 1. Did you ever have formal accommodations in elementary school? Yes No
- 2. Did you ever have an Individualized Educational Plan (IEP)? Yes No
- 3. Did you ever receive special education services? Yes No
- 4. Were you ever retained in school? Yes No

If you have answered yes to any of the above questions, please provide copies of IEPs, past school reports, notices of retention, etc., if available.

- 5. Have you taken any past standardized tests such as the SAT, ACT, GRE, MCAT, or GMAT examinations? **If yes, provide a copy of all standard and accommodated test score(s) reports and complete #7.** Yes No
- 6. Did you request accommodations? Yes No
 - a. **If no**, please explain. _____
 - b. **If yes**, were you granted accommodations? Yes No
 - c. **If yes**, did you receive accommodations for all administrations? Yes No
- 7. Specify the tests taken, whether under standard or accommodated conditions, and the accommodations granted.¹

<u>Test</u>	<u>Date Administered</u>	<u>Score</u>	<u>Percentile</u>	<u>Standard Conditions</u>	<u>Accommodations Granted</u>

- 8. Did you receive additional test time for any exams while you were in college or graduate school? Yes No
- 9. Did you receive any other accommodations while you were in college or graduate school? Yes No
 - a. **If yes**, please list the type of test (e.g., essay, multiple-choice, etc.) and the course type along with a letter from the applicable institution on its official letterhead that details all of the accommodations you received. _____

¹ **Following is information to assist you in obtaining past standardized test scores:**

SAT—the College Board; (212) 713-8000; www.collegeboard.com
ACT—American College Testing; (319) 337-1313; www.act.org
GRE/Praxis—Educational Testing Service; (609) 921-9000; www.ets.org
GMAT—Graduate Management Admission Council; (800) 717-GMAT; www.mba.com
MCAT—Association of American Medical Colleges; (202) 828-0690; www.aamc.org

b. **If no**, please explain. _____

IV. Accommodations Requested

1. **Test Format:** (Check one only. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request.)

- Braille version of exam
- Large print (18 pt.) test book
- Other _____

2. **Test Accommodations:** (The following are the most commonly requested test accommodations. If the accommodations needed are not listed, mark “other” and explain the accommodation. Applicants with like accommodations may be tested in the same room.

- 1. _____ Additional time on multiple-choice sections²
_____ Extra minutes + standard 35 minutes = _____ total minutes
- 2. _____ Additional time on Writing Sample
_____ Extra minutes + standard 35 minutes = _____ total minutes
_____ Use of computer for the Writing Sample³
- 3. _____ Alternate non-Scantron answer sheet
- 4. _____ Use of a reader⁴
- 5. _____ Use of an amanuensis (scribe provided by the board)
- 6. _____ Additional rest time (standard break is 10-15 minutes between third and fourth sections)
_____ Extra minutes for the standard break
- 7. _____ Breaks between sections _____ minutes between each section
- 8. _____ Sit/stand with a podium
- 9. _____ Wheelchair accessibility
- 10. _____ Other _____

On separate pages, describe how our disorder/condition impacts your ability to take the examination and explain why you need each of the accommodation(s) you requested. Use additional pages if necessary to complete responses to any section of this form.

V. Applicants are Responsible for the Completeness and Accuracy of the Information provided on this Form.

If you have any questions, you may contact the board's Program Manager _____ at _____.

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

Signature

Date: _____

Name (print)

Note: The information provided will be used to decide whether to approve the request and to identify the proper accommodation. Failure to provide this information will result in denial of the request. Applicants have the right to review records subject to the provisions of the Public Records Act. (RCW 42.56)

BOARD USE ONLY

Examination/Accommodation History

ACCOMMODATIONS:

EXAM DATES: