

Professional evaluator form for applicant's Disability-based accommodation for exam(s) form

Name of Applicant: _____

Applicant's Date of Birth: _____

Please print legibly or type. Use extra sheets as necessary to complete this form. Please do not reference any separate report for the answers to the questions on this form. This form must be completed in order for the applicant's request to be considered.

You should review the board's policies and procedures for disability-based exam accommodation requests before you complete this form. The applicant must notify the board of the exam(s) for which they are requesting a disability-based accommodation.

- The Exam for Professional Practice in Psychology (EPPP) is a national exam administered by Prometric Exam Services (PES).
- The jurisprudence exam is developed by the board and administered by the Department of Health.

An applicant for licensure must pass both exams. WAC 246-924-070. The policies and procedures include information about the requirements for a disability determination, including:

- Applicable definitions of "disability" under the Americans with Disabilities Act (ADA),
- Washington Law Against Discrimination (WLAD).

These policies and procedures are available on the board's website <http://www.doh.wa.gov/hsqa/Professions/Psychology/default.htm> along with the applicant and evaluator forms.

At the completion of this form, you can send it to the board at the address below:

Washington State Department of Health
Health Systems Quality Assurance
P.O. Box 47852
Tumwater, WA 98504-7852

You can also return the form to the applicant to submit with his or her accommodation request. The board will not review the applicant's request until both forms have been received.

1. State the credentials and experience that qualify you, to make the determination of any disability related to the applicant's request for an accommodation to take the EPPP and/or the board's jurisprudence exam, and to make any recommendation for an accommodation.

6. If applicable, what is the recommended accommodation (identify each exam for which any accommodation is recommended):

- | | |
|--|---|
| <input type="checkbox"/> Additional 30 minutes of time | <input type="checkbox"/> Large-type exam and answer sheet |
| <input type="checkbox"/> Time and a half | <input type="checkbox"/> Additional rest breaks |
| <input type="checkbox"/> Double-time | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Separate Room | <input type="checkbox"/> Audio recording of exam |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sign Language Interpreter | |

7. How does the accommodation you selected relate to the applicant's disability given the format of the exam (relate comments to each exam for which any accommodation is recommended)?

I certify that all of the information I have provided is true and correct.

Evaluator Name

Professional Credential - Title

Business Name

Telephone Number

Signature

Date

Attachments [Identify all attachments]: