

ADA Accommodations Request Form

APPLICANT INFORMATION										
NAME	FIRST	M.I.	LAST							
PREVIOUS/MAIDEN NAME					SS #					
DATE OF BIRTH		MM	DD	YYYY	GENDER		<input type="checkbox"/> M	<input type="checkbox"/> F		
MAILING ADDRESS		STREET						APT. #		
CITY				STATE			ZIP			
EMAIL ADDRESS										
PRIMARY PHONE						SECONDARY PHONE				
SPECIAL ACCOMMODATIONS										
What is the disability that limits one or more of your major activities?										
Will this disability require special accommodations in order for you to take the examination?				<input type="checkbox"/> YES If yes, please describe on a separate sheet of paper the special accommodations needed and include written documentation supporting the accommodation that you are requesting.				<input type="checkbox"/> NO		
<p><u>Disability Documentation Guidelines</u></p> <p>These guidelines are developed to ensure candidates are protected under Title II of the Americans with Disabilities Act of 1990. The FSMTB will evaluate all requests for examination modifications to determine whether the applicant:</p> <p>1) Has a disability, as defined by the ADA, and 2) is qualified for protection under Title II. Such modifications must maintain the psychometric nature and security of the examination. Exam modifications, which fundamentally alter the nature or security of the exam, are not permitted.</p> <p>The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the <u>current</u> need for testing accommodations. A prior history of accommodations, without demonstration of a <u>current</u> need, will not necessarily warrant approval of testing modifications. To avoid unnecessary delays, ensure the submission of all information and documentation in accordance with these guidelines.</p> <p>Qualified individuals with disabilities are required to request accommodations every time they apply to take the examination. It is in the candidates' best interests to provide recent and appropriate documentation, which clearly defines the extent and impact of the impairment(s) upon current levels of academic and physical functioning.</p> <ul style="list-style-type: none"> Request for accommodations and appropriate, supporting documentation, which is complete, should provide evidence of a substantial limitation to physical or academic functioning. Clinical evaluations must be performed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose a candidate's disability consistent with the provisions of the ADA (i.e., physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional's area of specialization and professional credentials, <u>including certification and licensure</u>, must be provided. <p style="text-align: right;">..... continued</p>										



**Massage & Bodywork Licensing Examination (MBLEx)
ADA Accommodations Request Form**

- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation must be no more than three years old.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as “problems,” “deficiencies,” “weaknesses,” “differences,” and “learning disability” are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc.). The disability must be specific.
- FSMTB must approve all accommodations. Once accommodations have been granted, they may not be altered during the examination.

Health Professional Guidelines:

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the current need for testing accommodations. A prior history of accommodations, without demonstration of a current need, will not necessarily warrant approval of testing modifications.

- Documentation must be submitted on official letterhead from a licensed or qualified professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.
- Documentation should provide evidence of a substantial current limitation to physical or academic functioning.
- Clinical evaluations must be performed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose a candidate’s disability consistent with the provisions of the ADA (i.e., physician, psychologist, or educator) who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional’s area of specialization and professional credentials, including certification and licensure, must be provided.
- Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation. Terms such as “problems,” “deficiencies,” “weaknesses,” “differences,” and “learning disability” are not the equivalent of a diagnosed specific disability (such as ADD, Dyslexia, Multiple Sclerosis, etc.). The disability must be specific. The accommodation must also be specific. “Extended time” or “unlimited time” is not sufficient. The recommended time must be indicated, such as an extra thirty minutes, time and one-half, etc.

STATEMENT OF ACKNOWLEDGEMENT

By signing below, I hereby affirm that I have read, understand and agree to all of the information provided in the FSMTB Testing Accommodations Handbook and on this form. If the information provided in support of this application is not sufficient, I authorize FSMTB to obtain additional information from the professionals and educational institutions who treated or evaluated my disability. Additionally, I authorize such professionals and educational institutions to provide the FSMTB with such clarification and/or further information as needed. I authorize I acknowledge that FSMTB reserves the right to make a final determination as to whether any requested accommodation is warranted and appropriate. I also acknowledge that FSMTB may withhold or cancel my scores if it is subsequently determined that in FSMTB’s judgment, any information presented on my application or in the supporting documentation is false or intentionally deceptive or misleading.

SIGNATURE		DATE	
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Submit the completed Form and supporting documents to:
 FSMTB
 Attn: ADA Coordinator
 P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)
 25 Century Boulevard, Suite 505, Nashville, TN 37214 (for courier delivery)



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INSTRUCTIONS FOR COMPLETING THE ADA ACCOMMODATIONS REQUEST FORM

All information must be typed or printed. Illegible applications will not be processed.

Personal Information

- Indicate first name, middle initial, and last name (family/surname). Indicate other names you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).
- Indicate your gender.

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone numbers at which you can be reached.
- Indicate your Email address.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at www.fsmtb.org.

Disability

- Briefly describe the disability that limits one of more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing).

Supporting Documentation Guidelines

Supporting documentation must comply with the following:

- Be on official letterhead from a licensed/certified professional qualified for diagnosing and treating the disability;
- Make a recommendation for the specific accommodations with current, detailed documentation supporting the request;
- Provide evidence that similar accommodations have been made for you in other educational or testing situations or in employment settings, or describe why no such accommodation was made in the past but is now required; and
- Be dated within the last three years.
- Supporting documentation must be submitted with this Form unless previously submitted to FSMTB.

For more complete details, please refer to the Special Accommodations Handbook.

Please keep a copy of all documentation, including this Form, for your records

Submit the completed Form and supporting documents to:

FSMTB, Attn: ADA Coordinator
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