

# NCTRC



## SPECIAL TESTING ACCOMMODATIONS

### Guidelines and Applications

**NCTRC does not discriminate against any individual because of race, ethnicity, gender, age, creed, disability, religion, marital status, sexual orientation or national origin. NCTRC reserves the right to amend the procedures outlined in this handbook.**

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## Overview

As the international certification organization for recreational therapists, the National Council for Therapeutic Recreation Certification (NCTRC) is committed to provide an equal testing opportunity for all candidates registered for the NCTRC certification exam. In compliance with the Americans with Disabilities Act (ADA) and equivalent Canadian provincial acts, NCTRC makes reasonable special testing arrangements for candidates with documented professionally diagnosed disabilities. The purpose of a special accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills. When administered in the correct manner, special accommodations provide for a testing environment that permits all candidates with an opportunity to succeed.

All accommodation requests for the NCTRC certification exam are reviewed and evaluated by NCTRC staff. If the request is approved then the actual accommodation is administered by Prometric testing services at the selected test site. In order to request testing accommodations for the NCTRC certification exam, candidates must have a documented disability as defined by the ADA. Generally, English as a second language, pregnancy, computer anxiety and test anxiety are not covered disabilities under the ADA. Persons with transitory or temporary conditions (sprains, fractures, and medical conditions) are requested to contact NCTRC about possible special testing arrangements. Since all test sites are wheelchair accessible, physical accommodations are readily addressed at the test site.

NCTRC requires that all candidates requesting a test accommodation carefully read all prepared information prior to submitting their request. Candidates and their respective qualified professional should consult and agree on what accommodation(s) will best meet the identified testing issue(s). The qualified professional should make reasonable testing accommodations based on a professional understanding and familiarity with the presenting disability and its impact upon the candidate's ability to test under the NCTRC standard testing conditions. Recommendations should be reasonable and appropriate for the documented disability, and should not fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess. Conditions at the test center, such as lighting and temperature can not be changed. Paper and pencil examinations are not available for special accommodations purposes.

## Process

All candidates requesting an exam accommodation are required to submit a completed accommodation application packet consisting of the *Accommodation Request Form*, the *Professional Accommodation Verification Form* and additional documentation related to the scope and nature of the candidate's identified disability. A complete application packet will allow NCTRC to assist candidates to arrange the most appropriate accommodation possible for their individual situation. NCTRC is not permitted to grant an exam accommodation unless the entire application packet has been reviewed by the appropriate staff. The NCTRC accommodation process is governed by the following guidelines:

1. NCTRC must receive the completed accommodation application packet at least one (1) week prior to the end of a given exam registration period to assure appropriate enrollment in the next available exam.
2. Completed accommodation packets will be reviewed within five to seven business days and candidates will be notified of the review decision by email.
3. Approved accommodations will be arranged with Prometric testing service and at no extra charge to the candidate.
4. An approved accommodation request is valid for five (5) years from the approval date. Candidates must resubmit a new application if they wish to test with accommodations after the expiration date.

5. Candidates must either have a qualified professional complete the *Professional Accommodation Verification Form* or provide existing documentation of a previously granted related accommodation in another formal testing environment dated within the past two (2) years.
6. The qualified professional completing the *Professional Accommodation Verification Form* must be state recognized as an appropriately trained and credentialed individual (psychiatrist, psychologist, etc.) who has made an individual Accommodation Verification of the candidate.
7. All documentation provided in support of the processing of the accommodation application must be dated within two (2) years from the accommodation request date.
8. NCTRC can not approve accommodations of a “personal nature” (i.e., lifting, feeding, etc.).
9. All test accommodation requests and related documentation are held in strict confidence by NCTRC and will not be released without the written consent of the candidate.

### **Steps for Requesting Special Testing Accommodations**

#### **Step 1 Submit a NCTRC Certification Examination Application**

- The application can be completed online or by paper. Log onto [www.nctrc.org](http://www.nctrc.org). Click on New Application or Exam Registration in the menu.
- When completing the application, be certain to check “yes” in the Special Accommodations section.

#### **Step 2 Complete the exam candidate’s *Accommodation Request Form***

- The *Accommodation Request Form* is contained in the accommodation application packet as either a PDF download or a printed document.
- The form should be completed in its entirety providing all needed information for NCTRC review.
- The completed *Accommodation Request Form* should be submitted to NCTRC.

#### **Step 3 Forward the *Professional Accommodation Verification Form* to the attending qualified professional**

- The qualified professional should complete and sign the *Professional Accommodation Verification Form* in a timely manner.
- The completed form and all related materials should be sent to NCTRC.
- Although the *Professional Accommodation Verification Form* will be sent by the qualified professional, it is the candidate’s responsibility to ensure that NCTRC has received all required information.

#### **Step 4 Notification of Accommodation decision and making an exam appointment**

- Upon review of the complete accommodation application packet NCTRC will notify the candidate of the status of the accommodation request.
- If the accommodation request has been approved then the candidate will receive a letter from Prometric containing the exam registration number for scheduling a specific exam site and date.
- Once the candidate has received the exam registration number an exam appointment should be made immediately via the Prometric Candidate Services Contact Center (800) 967-1139 to ensure that the desired test site is available to complete the exam. All approved accommodation information will be forwarded to the specific test site once the exam appointment has been confirmed.

### **Contact Information**

NCTRC

7 Elmwood Dr.

New City, NY 10956

Phone: 845-639-1439

Fax: 845-639-1471

Website: [www.NCTRC.org](http://www.NCTRC.org)

E-mail: [nctrc@NCTRC.org](mailto:nctrc@NCTRC.org)



# CANDIDATE ACCOMMODATION REQUEST FORM

Candidate Name: \_\_\_\_\_

ID Number or last four SS# digits: \_\_\_\_\_

Current Full Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Exam (Month) Requested: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

\_\_\_\_\_

## Available Accommodations

### *Additional Testing Time Assistance*

\_\_\_\_\_ 50% (time and one-half)

\_\_\_\_\_ 100% (double time)

### *Assistance*

\_\_\_\_\_ Reader

\_\_\_\_\_ Recorder of answers (Marker/Writer)

\_\_\_\_\_ Sign Language Interpreter (for spoken directions only)

### *Physical Environment*

\_\_\_\_\_ Separate room

\_\_\_\_\_ Other: \_\_\_\_\_

**Additional Requests:** \_\_\_\_\_

Please Note: In order for Prometric to accommodate your approved request for a Reader/Sign Language Interpreter or equipment, 10 business days prior notice is required to ensure the accommodation can be met.

\_\_\_\_\_

## **Authorization** (Please read and sign to acknowledge your agreement):

1. I authorize release of the attached forms to NCTRC/Prometric staff to review and arrange the requested accommodation.
2. I give my permission for my attending professional to discuss with NCTRC/Prometric staff my records and history in as much as they relate to the requested or suggested accommodation.
3. I understand and agree that NCTRC/Prometric staff may provide my records to an appropriate professional selected by NCTRC/Prometric for an independent evaluation relating to my accommodation request.
4. I understand that if I choose to provide existing documentation of the same or a similar accommodation, I may be required to provide additional verification, including completion of the Professional Verification Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PROFESSIONAL ACCOMMODATION VERIFICATION FORM

Candidate Name: \_\_\_\_\_

To Attending Professional:

You are requested to submit this form with your signature and license number to verify that you have formally diagnosed the above named candidate as having the medical condition or disability documented below or, in your professional capacity, you have worked with the stated candidate in dealing with the disability documented below. You further verify that the accommodation(s) you recommend is necessary to fairly demonstrate the candidate's ability in a credentialing exam.

Attending Professional (Please Print your Name): \_\_\_\_\_

Current Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Board Certification: \_\_\_\_\_

**Attestation:**

I have known/treated \_\_\_\_\_ (*candidate*) since \_\_\_\_\_ (*date*) in my capacity as a \_\_\_\_\_ (*professional title*). The candidate has been diagnosed with the following disability (please be as specific as possible; attach additional information as deemed necessary):

\_\_\_\_\_  
\_\_\_\_\_

The candidate has discussed with me the nature of the NCTRC exam. It is my professional opinion that based upon the candidate's existing disability, the candidate should be provided the following accommodations:

***Additional Testing Time Assistance***

\_\_\_\_\_ *50% (time and one-half)*

\_\_\_\_\_ *100% (double time)*

***Assistance***

\_\_\_\_\_ *Reader*

\_\_\_\_\_ *Recorder of answers (Marker/Writer)*

\_\_\_\_\_ *Sign Language Interpreter (for spoken directions only)*

***Physical Environment***

\_\_\_\_\_ *Separate room*

\_\_\_\_\_ *Other:* \_\_\_\_\_

***Additional Requests:*** \_\_\_\_\_

**Signature of Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_