NCTRC

Testing Accommodations Guidelines



OVERVIEW

As the international certification organization for recreational therapists, the National Council for Therapeutic Recreation Certification (NCTRC) is committed to providing 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 testing arrangements for candidates with documented professionally diagnosed disabilities. The purpose of a testing 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, testing accommodations provide for a testing environment that provides 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 DRC/Pearson Vue 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 or equivalent Canadian provincial acts. Generally, English as a second language, pregnancy, computer anxiety and test anxiety are not covered disabilities under the ADA or equivalent Canadian provincial acts. Persons with transitory or temporary conditions (sprains, fractures, and medical conditions) are requested to contact NCTRC about possible testing arrangements.

NCTRC requires that 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). Recommendations from the qualified professional 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 testing accommodation purposes.

PROCESS

All candidates requesting an exam accommodation are required to submit a completed accommodation application packet consisting of the *Accommodation Request Form* and the *Professional Accommodation Verification Form*. 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 prior to making an exam appointment.
- 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 DRC/Pearson Vue 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. All documentation provided in support of the processing of the accommodation application must be dated within two (2) years from the accommodation request date.
- 7. 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 TESTING ACCOMMODATIONS

Step 1: Submit a NCTRC Certification Examination Application

- The application can be completed online. Log onto nctrc.org. Complete the Professional Eligibility Application, CTRS® Exam Registration, Recertification – Exam, or Reentry process on your Dashboard Profile.
- When completing the application, be certain to check "Yes" in the Testing Accommodations section and include your accommodation request.

Step 2: Complete the exam candidate's Accommodation Request Form

- The Accommodation Request Form is contained in the accommodation application packet.
- The form should be completed in its entirety providing all needed information for NCTRC review.

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.
- The completed form and all related materials should be uploaded to the application or emailed to nctrc@nctrc.org.
- 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 exam authorization to schedule an appointment.
- Once the candidate has received exam authorization, an exam appointment should be made immediately via Exam Accommodations at 800-466-0450 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.





National Council for Therapeutic Recreation Certification®

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NCTRC

Candidate Accommodation Request Form



CANDIDATE INFORMATION

Name:							
Mailing Address:							
City:	State/Province:	Postal Code:	Country:				
Preferred Phone:	Ema	il:					
AVAILABLE ACCOMMODATIO	NS						
Additional Testing Time Assistance	2:						
50% (time and one-half)		100% (double time)					
Assistance (Only available at DRC/Pearson Vue Test Centers):							
Reader & Separate Room		Recorder of answers (M	larker/Writer)				
Sign Language Interpreter (for sp	oken directions only)	JAWS (computer screen	reader)				
Physical Environment:							
Separate room		Other:					
Additional Requests:							
PLEASE NOTE: In order for DRC/Pear	son Vue to accommodate y	our approved request fo	r a Reader/Sign Language				
Interpreter or equipment, 14 business	days prior notice is require	d to ensure the accomm	odation can be met.				
AUTHORIZATION							
1. I authorize release of the attached	forms to NCTRC/DRC/Pears	son Vue staff to review a	nd arrange the requested				
accommodation.							
. I give my permission for my attending professional to discuss with NCTRC/DRC/Pearson Vue staff my records and history in as much as they relate to the requested or suggested accommodation.							
. I understand and agree that NCTRC/DRC/Pearson Vue staff may provide my records to an appropriate professional							
selected by NCTRC/DRC/Pearson V							
 I understand that if I choose to prove required to provide additional verif 							
required to provide additional veri	reaction, including completely	or the Froressional ve	Tiricacion i omi.				
Signature (handwritten or digital)			Date				
Signature (nanawritten or algital)			Date				

NCTRC

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 Name:						
Mailing Address:						
City:	State/Province:	Postal Code:	Country:			
Preferred Phone:		Email:				
License Number:		State of Licensure:	tate of Licensure:			
Board Certification:						
ATTESTATION						
I have known/treated		<i>(candidate)</i> since	<i>(date)</i> in my capacity as a			
		The candidate has been diag				
disability <i>(please be as specific as p</i>	ossible; attach additional in	formation as deemed necesso	ary):			
The candidate has discussed with candidate's existing disability, the Additional Testing Time Assist	e candidate should be provi	3 1				
50% (time and one-half)		100% (double time)				
Assistance (Only available at L	ORC/Pearson Vue Test Cer	nters):				
Reader & Separate Room		Recorder of answers	Recorder of answers (Marker/Writer)			
Sign Language Interpreter (/	or spoken directions only)	JAWS (computer scree	JAWS (computer screen reader)			
Physical Environment:						
Separate room		Other:				
Additional Requests:						
Signature of Professional <i>(handw</i>	ritten or diaital)		Date			