

Special Accommodations Information

WREB, in accordance with the Americans with Disabilities Act, will provide reasonable and appropriate accommodations for Candidates with documented disabilities. WREB will provide reasonable accommodations, auxiliary aids, or services that are necessary to the extent of the law provided the requested accommodations, auxiliary aids, or services would not fundamentally alter the measurement of the skills or knowledge the exam is intended to test.

Candidate's with disabilities that require accommodations while taking WREB exam may apply to WREB for consideration of the accommodations by submitting the Special Accommodations Request Form and documentation no later than 45 days prior to the exam. For an accommodation request to be considered the Special Accommodations Request must be completed and submitted to WREB with supporting documentation and the exam application in accordance with the conditions and guidelines stated.

The Candidate is responsible for obtaining documentation of disabling conditions that require accommodations. Specific guidelines for acceptable documentation of disability can be found under the "Disability Documentation Guidelines" section. It is recommended that these guidelines be shared with the evaluators providing the documentation for the applicant, as incomplete or inadequate documentation written to support of accommodations may be denied by WREB as insufficient. WREB reserves the right to verify all information submitted by an applicant in support of a request for accommodations, and additional information from evaluators providing the supporting documentation may be requested. WREB has the right to refuse an accommodations request and/or deny the Candidate's eligibility status if it is found that the information has deliberately been misrepresented by either the Candidate or the professional providing the information.

APPEALS PROCESS

Candidates may appeal a WREB accommodation decision. Appeals must be submitted to WREB in writing within ten (10) working days from the date of the written notification of denial of an accommodation. The Candidate's may submit pertinent, additional information for consideration with the written request for appeal. WREB's decision regarding the appeal is final.

CONFIDENTIALITY

All information requested on the following pages and any supporting documentation submitted in support of an accommodations request will be treated as strictly confidential information by WREB and its assigns except as authorized by the express permission of the Candidate.

DISABILITY DOCUMENTATION GUIDELINES

Documentation submitted to WREB in support of an accommodations request must include a diagnosis of the disabled condition and show that the applicant is substantially limited in one or more of life's activities. The documentation must support the requested accommodations, auxiliary aids, or services.

Documentation submitted in support of accommodations requested will be evaluated by WREB using the following criteria: (1) Evaluators must be qualified; (2) Documentation must be recent; (3) The evaluation and assessment procedures must be comprehensive and appropriate for adult subjects; and (4) The documentation must provide evidence of support for the specific accommodations requested by the Candidate.

- 1. Evaluators must be qualified:** Evaluators conducting assessments and provide a diagnosis of any disability must be qualified to do so. Documentation submitted to WREB should include information about the evaluator's licensure and/or certification. For the diagnosis of learning disabilities, examples of qualified evaluators include licensed schools, educational and clinical psychologists, neuropsychologists, psychiatrists, learning disability specialists, or medical professionals experienced within the field of learning disabilities. For the diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD) or other mental disorders that require accommodations, examples of qualified evaluators include licensed schools, educational and clinical psychologists, neuropsychologists, psychiatrists or other medical evaluators with experience and training in psychological/psychiatric evaluation.
- 2. Documentation must be recent:** Documentation submitted must be less than three years old.
- 3. The evaluation and assessment procedures must be comprehensive and appropriate for adult subjects:** Documentation must be thorough and comprehensive. AD/HD and learning disability documentation must minimally include appropriately named measures of intellectual ability and/or information processing such as the Wechsler Adult Intelligence Scale., Third Edition, or the Woodcock-Johnson Psycho Educational Battery-Revised Test of Cognitive Ability, and appropriately normed measures of academic ability such as Woodcock-Johnson Psycho Educational Battery-Revised Test of Academic Achievement. Screening tests such as the Wide Range Achievement Test are inappropriate as the sole measure of a person's academic skill development. A narrative describing the test procedures and their interpretations must be accompanied by specific sub-test and summary scores from all instruments used. Documentation submitted without scores of tests administered will be denied, and scores submitted without a narrative report that supports the diagnosis will be denied.
- 4. The documentation must provide evidence of support for the specific examination accommodations** requested by the Candidate as indicated by the test scores and interpretations included in the narrative section of the report. Recommendations for accommodations in the learning environment are not appropriate. It is the Candidate's responsibility to ensure that the evaluator completing the documentation understands the nature of the exam and specifies the accommodations requested for each section of the exam. Since this is a clinical exam, the accommodations routinely made for written exams may not apply. When a written exam is involved, it is imperative that the recommendations include whether the Candidate requires a separate testing environment. Requests for additional time must specify the amount if additional time is required.

Documentation that fails to list the specific accommodations required for each section of the examination cannot be accepted. Applications received by WREB less than 45 days prior to the exam may be denied.



For WREB Hygiene Department Use Only
 (Do not write in this box)
 Approved By: _____ Date _____

Special Accommodations Request Form
 All information you provide on this form will remain confidential

Section 1: Personal Data

Name: _____
First Name
M.I.
Last Name

Address: _____

Phone: _____ Email: _____

Exam Type: Local Anesthesia Written Clinical (Local Anesthesia; Hygiene; Restorative)

Exam Location: _____

Section 2: Disability Information

Check all that apply:

Learning Disability Deaf/Hard of Hearing Attention Deficit Disorder

Other: _____

Date when your disability was first diagnosed: _____

Date of your most recent evaluation: _____

Name of evaluator making the diagnosis: _____

Have you ever been granted accommodations for taking an exam before? **Yes** **No**

If **Yes**, please specify the exam (e.g., ACT, SAT, other certification exams) or circumstances and the accommodations you were granted.

Section 3: Accommodations Requested

The accommodations your request should be supported and recommended by the evaluator filling in Sections 5-8 of this form.

Extra Time. Please specify the amount of additional time you are requesting: _____

Reader Separate Room Sign Language Interpreter

Other: _____

Accommodations that do not alter the usual exam format do not require a special request.

Sections 4: Candidate Signature

I certify that the information I have given above is true to the best of my knowledge.

Signature

Date

Section 5: Evaluator Certification

This page should be filled out by the evaluator who has conducted the most recent evaluation.

Name: _____

Name of Person Evaluated: _____

License Type: _____ State: _____ License Number: _____

Diagnosis _____

Date of Diagnosis _____

Diagnostic instruments used for diagnosis: _____

Section 6: Recommended Accommodations

List recommended accommodations for each section of the exam. Attach a separate sheet if you need more room.

1. _____

Rationale: _____

2. _____

Rationale: _____

Section 7: Signature of the Evaluator

I certify that I am qualified to make the diagnosis and recommendation listed above for this Candidate.

Signature

Date

Section 8: Supporting Documentation Required

IMPORTANT: Include with this form a report of your test results that includes all test scores and a narrative detailing your findings. The accommodations you recommend must be supported by your findings. Be sure to read and follow the "Disability Documentation Guidelines." Forms submitted without the appropriate supporting documentation will be returned as incomplete.

Contact us:

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