



MedCA Special Accommodations Request

MedCA may be able to provide special accommodations to persons with documented disabilities pursuant to the Americans with Disabilities Act which became law in 1990. This law is regulated and enforced by the U.S. Equal Employment Opportunity Commission.

Examples of the wide range of testing accommodations that may be required include:

- Screen reading technology.
- Permission to bring and take medications during the exam (for example, for individuals with diabetes who must monitor their blood sugar and administer insulin).
- Scribes to transfer answers to answer sheets or record dictated notes and essays.
- Extended time.
- Wheelchair-accessible testing stations.
- Distraction-free rooms.
- Physical prompts (such as for individuals with hearing impairments).

Understand that supporting documentation information needed to determine the nature of the candidate's disability and his or her need for the requested testing accommodation. Appropriate documentation will vary depending on the nature of the disability and the specific testing accommodation requested.

If they have documented disabilities or other qualifying medical conditions that hinder or prevent their ability to take a MedCA test under normal conditions, we will be able to provide reasonable test accommodations. Decisions will be made in accordance with the law on a case to case basis.

Test candidates should include all of the required documentation. Please allow up to 60 days for our decision to be made. Test candidates will be notified by writing of our decision regarding their request. MedCA reserves our right to make judgment regarding testing accommodations.

What to Attach with your Request:

1. Attach a letter from a physician or healthcare service professional qualified to diagnose the medical condition and/or disability that requires the need for an accommodation. The letter should be dated within two years of the expected exam time.
2. The letter must explain how the condition limits the test candidate's ability to take the test under normal conditions.
3. The exact disability and diagnosis. Any mental or emotional disabilities must include the DSM-IV classification code.
4. Attach all documentation with the Special Accommodations Request Form on the following page and submit form to MedCA via mail, fax or email.

Mailing address: MedCA
376 S. Bayview Ave.
Freeport, NY 11520

Fax Number: 516 442 3222

Email Address: admin@medca.us



Please call us at **516 868 6800** if you have any questions regarding a Special Accommodations request.

Special Accommodations Request Form

(To be completed by test candidate)

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Name of exam for which I request accommodations: _____

Date of when I would like to take the test: _____

Description of Disability (ies):

Accommodations Requested:

I declare that I have made this request for accommodations and all the supporting documentation are true to the best of my knowledge. I understand that any false information could result in denial of this accommodations request.

I hereby certify that I personally completed this special accommodations form and I may be requested to verify this information. I fully understand that MedCA reserves the right to make inquiries regarding my disability before making the decision.

If further information is required, I authorize MedCA to make contact with the professional(s) who diagnosed the disability and who provided the information related to my request of special accommodations. I authorize MedCA to allow this information to be released to a professional chosen by MedCA in order to conduct independent evaluation of the request.

I understand that this process may require up to 60 days for a decision to be made.

Test Candidate Signature: _____

Date: _____