

ACADEMY

OF CLINICAL RESEARCH PROFESSIONALS



Special Accommodations

The Academy is committed to ensuring that qualified candidates with a disability are not deprived of the opportunity to take an ACRP examination by providing reasonable accommodations in accordance with the Americans with Disabilities Act (ADA).

A candidate requesting special accommodation must do so in writing by completing the *Request for Special Accommodations Form – Parts 1 and 2*, and the request must accompany a completed application for certification. The request must include proper documentation from a licensed professional or certified specialist who diagnosed the disability condition AND the specific accommodations being requested. Accommodation, if approved, will be provided at no additional charge.

The decision as to whether a medical condition that is not covered by the ADA is a “qualifying medical condition” is at the sole discretion of The Academy.

All special accommodation forms and related documentation are confidential and will not be released without the written consent of the candidate.

Documentation Requirements

It is the responsibility of the candidate to ensure that all required forms and supporting documentation are submitted to the Academy. A request for special testing accommodations will not be reviewed until all documentation is received. Required documentation includes:

- A completed Request for Special Accommodations form. This form consists of two sections—one to be completed by the candidate, and one to be completed by the healthcare professional.
- Evaluation of the candidate’s disability, to be completed by the healthcare professional. Note: The healthcare professional must be a licensed or otherwise qualified practitioner whose credentials are appropriate to diagnose and evaluate the specific disability. Candidates requesting accommodations for learning disorders or mental disabilities must be diagnosed by a psychiatrist, psychologist, or other professional with a minimum of a Masters degree, with credentials recognized as competent to diagnose a mental disorder or learning disability.

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Request for Special Accommodations Form - Part 1

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Email Address: _____

Requests for Special Accommodations MUST be received WITH an application to take the exam – and no less than thirty days in advance of the candidate's requested test date.

Please describe your disability:

Date disability was diagnosed: _____

Please list any previous accommodations received:

Date	Type of Accommodation Received	Organization Providing Accommodation

I understand that the Academy of Clinical Research Professionals will use the information obtained by this authorization to determine eligibility for a reasonable accommodation for the CCRC, CCRA, CPI, ACRP-CP, ACRP-PM, or ACRP-MDP examination, by reason of my disability. I understand that the Academy reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination as to whether to provide the accommodations I have requested above. Under penalty of perjury, I declare that the foregoing statements, and those in any required accompanying documents or statements, are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed the above form, and that I may be asked to verify this information at any time.

I hereby authorize and request the health care professional identified on **Request for Special Accommodations Form - Part 2** to release any information requested by the Academy relating to my disability and the appropriate accommodation.

Candidate Signature: _____ Date: _____

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Request for Special Accommodations Form - Part 2

Dear Healthcare Professional:

The individual identified above is requesting accommodation to sit for a proctored, timed, computer-based, multiple-choice question examination. The Academy of Clinical Research Professionals policy requires that candidates requesting special testing accommodation submit current documentation of the disability from an individual qualified to assess the disability.

The individual listed above is requesting that you provide such documentation. The following must be completed by you:

- 1) An evaluation, on professional letterhead, that includes the following information (*if submitting an existing report, it must have been written within the past 4 years*):
 - a. Confirmation of diagnosis and functional impairment
 - Name and title of the professional
 - Date the individual was first and last seen
 - Diagnosis (please provide historic details on candidate's condition)
 - For learning disabilities or mental disorders, the DSM classification of the diagnosis (Diagnostic and Statistical Manual of Mental Disorders–IV TR). *Notes:* DSM classification does not guarantee classification as a disability under ADA, and therefore, does not guarantee accommodation by the Academy; the Academy will not accept a diagnosis of Learning Disorder that was made before the individual was 18 years old, if the last diagnosis date is more than 3 years old.
 - b. The healthcare provider's **recommendation** for accommodations that directly relates to the impairment and is supported by functional information in the evaluation. The file is considered incomplete if this specific recommendation is not included.