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Policy on Special Accommodations and Request Form

In compliance with the provisions of the Americans with Disabilities Act (1990) and Title VII of the Civil Rights Act, as amended (42 USCG 2000e, et.seq.), the Association of Clinical Research Professionals (ACRP) provides qualified candidates with a disability, who supply appropriate documentation, reasonable and appropriate accommodations in order for the candidate to take the ACRP-CP®, CCRC®, CCRA®, CPI®, or ACRP-PM® exam. ACRP follows the *Principles of Fairness* set forth by the Institute for Credentialing Excellence.

Under the ADA, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities include:

- Caring for one’s self
- Performing manual tasks
- Walking
- Seeing
- Breathing
- Learning

Qualified Candidates with a Disability

A "qualified individual with a disability" is one who has a disability and satisfies all the requisite skill, experience, education and other requirements for certification and, with or without accommodations, can perform the essential duties required of his/her job role. A person must be a "qualified individual with a disability" to be protected under the ADA.

Reasonable Accommodation

Reasonable accommodations provide a candidate with a disability a fair and equal opportunity to demonstrate his/her knowledge and skill in the essential duties being measured by the exam. Reasonable accommodations are decided upon based on the individual's specific request, disability and documentation submitted as well as the appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the exam.

Proper Documentation

The candidate must submit documentation provided by an appropriate licensed professional or certified specialist who diagnosed the disability and is recommending reasonable accommodations. The documentation must be submitted on the professional's letterhead. The documentation must provide a diagnosis of the disability and the test(s) used to determine the disability. The professional must also recommend specific accommodations. These recommendations should be based on testing

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that is not older than four (4) years prior to the application. The confidentiality of all documentation submitted by the candidate is protected.

Procedure

A candidate requesting special accommodations 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 testing aids or modifications being requested. Accommodations, if approved, will be provided at no additional charge.

ACRP will review the request and provide a response in writing to the candidate along with his/her eligibility determination. If the candidate has been deemed eligible to take the exam, the Eligibility Notice will include the accommodations that have been approved.

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 ACRP. 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 Master's degree, with credentials recognized as competent to diagnose a mental disorder or learning disability.
- If the candidate did not receive special accommodations during his/her years of higher education, a written explanation of why accommodations are being requested now is required (to be completed by the healthcare professional).

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Request for Special Accommodations Form—Part 1

Name: _____

Title: _____

Organization: _____

Address: _____

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

Country: _____ Phone: _____

E-mail Address: _____

Requests for Special Accommodations must be received with an application to take the exam—and no less than 30 days in advance of the start of the testing window.

Please describe your disability: _____

Date disability was diagnosed: _____

Please list any previous accommodations received:

Date of Accommodation	Type of Accommodation Received	Name of Institution/Organization Providing Accommodation

I understand that the Association of Clinical Research Professionals will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to the ACRP-CP®, CCRC®, CCRA®, CPI®, or ACRP-PM® examination, by reason of my disability. I understand that ACRP 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.

Candidate Signature: _____ Date: _____

I hereby authorize and request the health care professional identified below to release the information requested by ACRP relating to my disability and the accommodation appropriate to my disability to sit for the ACRP-CP®, CCRC®, CCRA®, CPI®, or ACRP-PM® examination.

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 the Certified Professional (ACRP-CP®), Certified Clinical Research Coordinator (CCRC®), Certified Clinical Research Associate (CCRA®), Certified Principal Investigator (CPI®), or Project Manager (ACRP-PM®) Examination. The Association of Clinical Research Professionals (ACRP) 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) The remainder of this form (Part 2)
- 2) 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**
 - Date (month/day/year) of first consultation
 - Date (month/day/year) the individual was last seen by you
 - Diagnosis, summary history, and course of the disability
 - Individual's current functioning and limitations in *major life activities*
 - 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 ACRP; ACRP 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.
 - Diagnostic tests administered, scores, and interpretation of scores.
 - Confirmation of treatment
 - Name and title of the professional
 - Duration of treatment
 - Outcomes of treatment
 - Recommended Accommodation
 - b. The healthcare provider's *specific* recommendation for accommodation(s) 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.
 - c. If the individual did not receive any special accommodations during years of higher education, please provide a written explanation for why accommodation is now being requested for this examination. This should be on a separate page and attached to this form.

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