

## **NACD POLICY:**

### **Accommodation of Disabilities for the NACD Directorship Certification™ Examination**

NACD is committed to ensuring that every NACD member with the desire and eligibility to take NACD's Directorship Certification examination should have the opportunity to do so. NACD is therefore also committed to providing access to that exam for all individuals with disabilities covered by the Americans with Disabilities Act (ADA).

NACD and its authorized test provider, Pearson VUE, require advance notification of requests for accommodations as well as a reasonable amount of time to review and implement such requests. Please allow up to 60 days for such review. NACD and Pearson VUE are not obligated to accommodate examinees with language limitations unrelated to a documented disability (e.g., English as a second language, literacy).

Accommodations may include these:

- Extended testing time (up to double the normal testing time)
- A separate testing room
- A reader and/or scribe
- Use of adaptive technology

Exam accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of accommodation would necessarily be appropriate for all individuals with disabilities. *Receiving one or more accommodations does not guarantee your improved performance or completion of the exam.*

- Process to apply
- Documentation guidelines
- Use of a reader/recorder
- Denials and Appeals

## **PROCESS TO APPLY**

### **Step 1:**

Download the "Requesting ADA Accommodations for the NACD Directorship Certification Exam" form found on your Certification status page.

You must then complete and submit the form in accordance with the directions set forth on that form. *NOTE: Please allow up to 60 days for your request for accommodations to be reviewed and processed.*

### **Documentation Guidelines for Reasonable Accommodations**

An important part of a candidate's request for accommodations on the Directorship Certification examination is to submit supporting documentation, as described on the "Requesting ADA Accommodations" form. NACD and its authorized testing provider, Pearson VUE, provide reasonable accommodations to individuals with documented disabilities who demonstrate a need for such accommodations. It is required that you submit documentation that provides a clear explanation of your current functional limitation and a rationale for your requested accommodations.

## How old can your supporting documentation be?

Disability Category	Maximum Age of Documentation
Learning and Other Cognitive Disorders (Dyslexia)	5 Years
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)	5 Years
Psychological and Psychiatric Disorders	1 Year
Physical Disorders and Chronic Health Conditions	1 Year

### One or more of the following documents should be submitted with the applicant's request form:

- Recent psychological report, or recent educational report or plan
- Detailed letter from a qualified professional that describes the disabling condition, functional limitations, and rationale for the requested accommodations

### Any documentation that is submitted must meet these specifications:

- Include a clear diagnosis by a professional who specializes in the diagnosed disability (for example, it would usually be inappropriate for an ear, nose and throat doctor (otolaryngologist) to diagnose dyslexia)
- Be printed on the evaluator's official letterhead
- Be signed and dated by the evaluator, doctor, or relevant official
- Provide information on current functional limitations that are likely to affect the candidate's ability to take the exam under standard conditions
- Provide a specific rationale for each requested accommodation

### Step 2:

After NACD has approved any accommodation, NACD will inform our authorized testing provider, Pearson VUE, of that approval. Meanwhile, candidates who are eligible to take the test and are accommodated should proceed to schedule their examination with Pearson VUE online or by telephone, by the same means as other candidates. **Remember: once your accommodation has been approved and you are otherwise eligible for the exam, you must schedule and complete your exam within six months or you will lose that eligibility.**

For additional information regarding this policy, email [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org).

### ACCOMMODATION DENIALS AND PARTIAL GRANTS

NACD may request supplemental information or documentation from an applicant to provide additional support or explanation for an accommodation request. Applicants who do not adequately respond to such requests within 30 days may be denied accommodations.

NACD may in its discretion also approve an applicant for a lesser accommodation than requested (for example, granting an applicant time-and-a-half to take the exam in response to a request for double time). The decision and discretion of NACD will be final. For questions about disabilities accommodations for NACD's Directorship Certification examination, please email [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org).

## REQUESTING ADA ACCOMMODATIONS for the NACD Directorship Certification™ Exam

NACD is committed to ensuring members with disabilities covered by the Americans with Disabilities Act (ADA) who are eligible to take NACD's Directorship Certification examination are provided full access to that exam. NACD has partnered with Pearson VUE, our authorized test provider, to deliver an exceptional exam experience to our members. Together, NACD and Pearson VUE provide reasonable and appropriate exam accommodations to individuals with documented disabilities who demonstrate a need for accommodations.

ADA accommodations must be approved *before* attempting to schedule the exam and should be related to functional limitations. For example, a functional limitation might be impaired mobility, due to loss of a hand, which prevents a candidate from writing, typing, and recording answers. To demonstrate a functional limitation, candidates who are requesting accommodations because of a disability must provide:

- Appropriate documentation of their condition
- How the condition is expected to affect their ability to take the exam under standard conditions

*Please note: ADA Accommodations for the exam are individualized and considered on a case-by-case basis and do not guarantee improved performance or test completion.*

### Instructions for Completing the ADA Accommodations Request Form

If you have a disability covered by ADA and would like to request an accommodation for the NACD Directorship Certification examination, please follow the instructions listed below:

#### Section 1 – Candidate Information

Complete Section 1 by filling in your information. The section requires:

- Full name (as it appears in your member profile)
- Address and contact information
- The type of disability you have
- Accommodations you would like to request for the examination
- That you indicate if you have been provided ADA accommodations for testing in the past
- If you have been provided ADA accommodations in the past, that you describe the specific type of accommodations you received
- Signed attestation and dating of Section 1

#### Section 2 – Qualified Professional Confirmation

Identify a qualified professional who can confirm your disability (i.e., doctor, educator, or psychologist). Be sure to discuss the nature of the certification examination with the professional to ensure he/she can complete the form on your behalf.

The professional will be required to complete Section 2 of the form to indicate:

- How long they have known you and treated you for your disability
- Their role and professional title
- What accommodations should be provided for completion of your examination
- The professional's personal details (name, signature, title, license number and state, address and contact information)

Working with the professional, you should also attach supporting documentation to your submission documentation that provides a clear explanation of your current functional limitation and a rationale for your requested adjustments, such as:

- Educational or psychological report;
- Current or recent school-based special education plan; and/or
- Detailed letter from the qualified professional **on the professional's letterhead, bearing an original signature**, that describes the disabling condition, functional limitations, and rationale for the requested adjustments.

Any documentation that is submitted must:

- Include a clear diagnosis
- Be printed on the evaluator's or school's official letterhead
- Be signed and dated by the evaluator, professional, or school official
- Provide information on current functional limitations that are likely to affect the candidate's ability to take the exam under standard conditions
- Provide a specific rationale for each requested adjustment

#### Form Submission

- Submit the form to NACD with Sections 1 & 2 complete and supporting documentation attached, by email to [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org). You may also mail the form and documentation to us at the address given in the form, but please be aware that mailing the information may add additional delay.
- Be sure to allow time for staff to review the documentation and make a determination.
- Please note: Review time may take up to 60 days, depending on circumstances.
- While your request is pending, your online "Certification Status" page will indicate that accommodations were requested. (You can navigate to the Certification Status page via our certification website, at <https://certification.nacdonline.org>.)
- Once NACD staff reviews your submission, NACD will inform you of its determination, which may be that your request is granted, denied, granted in part, or that more information is required to make a determination.

#### Section 3 – NACD Staff Only

This section is reserved for NACD staff to complete after your request is denied or granted. The form will be returned to you with the results of the review process.

#### Section 4 – Candidate Acceptance

If accommodations are granted, you will be required to confirm that the accommodation provided will meet your exam needs:

- Confirm by signing your name and dating the document
- Once complete, email the form back to NACD at [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org).

Once NACD receives your confirmation of the accommodation, and you have fulfilled any remaining prerequisites, you will receive a follow-up communication instructing you to begin registration for the examination. In addition, your online "Certification Status" page will indicate that accommodations were requested and approved.

**If you should require additional assistance with the ADA Accommodations Form, please email us at [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org).**

## NACD ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act (ADA) and would like to request an accommodation for the NACD Directorship Certification examination, please complete Section 1 below. Please have an appropriate qualified professional (i.e., doctor, educator, or psychologist), who has current knowledge of your disability; complete Section 2 below to certify that your disability requires the requested certification examination accommodation, and provide supporting documentation.

**If any of the items are not completed or included, your request will not be processed.**

### SECTION 1 (To be completed by the applicant)

PLEASE TYPE OR PRINT CLEARLY

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Disability: \_\_\_\_\_

ADA accommodation(s) requested: \_\_\_\_\_

Have you received ADA accommodation(s) for testing at any time in the past?    ☐ No                      ☐ Yes

If yes, please describe the specific ADA accommodation(s) received:

\_\_\_\_\_

**By signing below, I attest that the information I have provided on this application as well as any attached documentation is true and accurate to the best of my knowledge. Furthermore, I understand and agree that my failure to provide true and accurate information shall constitute grounds for rejection of my application, and denial of my request for this accommodation in testing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 (To be completed by an appropriate qualified professional)** PLEASE TYPE OR PRINT CLEARLY

I have known/treated \_\_\_\_\_ since \_\_\_\_\_  
(full name of applicant) (date)

in my role as \_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the NACD Directorship Certification examination. It is my opinion that because of this applicant's disability as detailed in the attached documentation, he / she should be accommodated by providing the following (please check all that apply):

- ☐ Reader
- ☐ Scribe
- ☐ Extended time
  - ☐ Time-and-a-half
  - ☐ Double time
- ☐ Separate testing area
- ☐ Adaptive technology (please specify):

\_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

License # & State: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Section 2 continues on next page

## SECTION 2 CONTINUED – PROFESSIONAL: Please also attach appropriate supporting documentation:

Supporting documentation should provide a clear explanation of the applicant's current functional limitation and a rationale for the requested accommodations, such as:

- Educational or psychological report;
- Current or recent school-based special education plan; and/or
- Detailed letter from the qualified professional **on the professional's letterhead, bearing an original signature**, that describes the disabling condition, functional limitations, and rationale for the requested accommodations.

Any documentation that is submitted must:

- Include a clear diagnosis
- Be printed on the evaluator's or school's official letterhead
- Be signed and dated by the evaluator, professional, or school official
- Provide information on current functional limitations that are likely to affect the candidate's ability to take the exam under standard conditions
- Provide a specific rationale for each requested accommodation

**PROFESSIONAL ATTESTATION:** By signing below, I attest that the information I have provided on this application as well as any attached documentation is true and accurate to the best of my knowledge. Furthermore, I understand and agree that my failure to provide true and accurate information shall constitute grounds for rejection of the applicant's request for accommodations, and denial of that request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CANDIDATE'S SUBMISSION OF MATERIALS

Please submit this entire form and supporting documentation in one of the following ways:

Email them to [NACD\\_ADA@nacdonline.org](mailto:NACD_ADA@nacdonline.org)

or Mail the information to: NACD Certification Dept.  
1515 N. Courthouse Rd.  
Suite 1200  
Arlington, VA 22201