



Requirements for Requesting Testing Accommodations for Applicants with Disabilities

Policy

AMT supports the intent of the *Americans with Disabilities Act* (ADA) and will provide reasonable accommodations during testing to provide equal opportunities for applicants with disabilities.

General Information

All requests for special accommodations should be made at the time of **initial application** to AMT, **before** authorization to take an exam is given. The testing accommodation application and supplemental material must be received by AMT **prior** to scheduling a testing appointment. Applicants are reminded that not all individuals with disabilities require special test accommodations. AMT will only offer accommodations as appropriate and evaluates each application on a case-by-case basis. AMT holds the right to refuse any accommodation if the disability is not supported by the documentation or if offering a particular accommodation “would fundamentally alter the measurement of the skills or knowledge of the examination as intended to test or would result in an undue burden.” (Americans with Disabilities Act, Public Law 101-336 309[b][3]; see 28 C.F.R. 36.309(b)(3)).

Review of Documentation

All requests for accommodations must be accompanied by the documentation material outlined in the checklist. (*Detailed explanations of the required elements appear on the last page of this application.*) All materials must be provided to AMT in a single submission. Incomplete applications will not be processed. Each application is reviewed carefully by the AMT Office and/or the EQS Committee before accommodations are provided. AMT will render a decision and notify applicants **within 30 days** of receiving the application. If accommodations are not granted the applicant may appeal the decision. For additional information on the appeals process, please contact the AMT Registrar’s Office.

Checklist of Documentation to be Submitted to AMT

(Please see detailed descriptions of submission requirements on the last page of this application.)

- Clinical Documentation:** All applications must be accompanied by an official diagnostic report provided by a healthcare professional. Reports must clearly state the diagnosed disability, describe the functional limitations resulting from the disability, and the rationale for specific accommodations requested. **Please see full description of required documentation on last page.**
- Proof of Prior Accommodations:** All applications must be accompanied by both a description and evidence of prior accommodations (*such as an IEP*) granted for this disability in the past.
- Personal Statement:** A brief statement detailing your disability.
- Signed Application for Testing Accommodations:** (*Attached*)

Application for Testing Accommodations

PART I: GENERAL INFORMATION

1. AMT ID# (if known): _____
2. Name: _____
Last First Middle
3. Address where you may be contacted regarding this application:

Number and street address or P.O. Box number

City State/Province Zip/Postal Code

Country Daytime Telephone Number E-mail Address
4. Expected Exam Date: _____
Month Year
5. School(s): _____ Degree(s): _____
Dates attended: _____
6. Have you previously applied to take an AMT certification exam? Yes No
If yes, please state the month and year of the last exam for which you filed an application.

Have you previously requested test accommodations on an AMT certification exam?
Yes No
If yes, please state the month and year of the last exam for which you *requested*
accommodations. _____
Were you *granted* test accommodations for that examination? Yes No

PART II: DISABILITY DESCRIPTION AND HISTORY

7. I am requesting accommodations for the following disability/disabilities (*check all that apply*).
AMT will consider only the disabilities checked below:
 ADD/ADHD Learning Hearing Vision Physical Psychiatric
 Other (specify): _____
8. At what age was your disability *first* professionally diagnosed?
Age: _____ Year: _____ By: _____ (Name of qualified professional)
9. When was this diagnosis *most recently* confirmed or reassessed?
Age: _____ Year: _____ By: _____ (Name of qualified professional)

10. Have you received any prior test accommodations for other standardized exams or from any academic institutions? Yes No

If you were granted an accommodation, please specify the school or organization, the year, and the accommodation provided: _____

PART III: TEST ACCOMMODATIONS REQUESTED

11. Please list all accommodations that you are requesting: *Note: Only those accommodations listed will be considered. All accommodations must be appropriate to the disability.*

PART IV: SUPPORTING DOCUMENTATION AND CERTIFICATION

(All information must be provided to be considered for accommodations.)

12. **Recent and historical clinical documentation:** The applicant must submit documentation from a qualified healthcare professional who has made an individualized assessment and who has rendered the diagnosis forming the rationale for this accommodation request. The report must be recent (within the past 5 years), include the applicant's name and date of birth, provide an official diagnosis of the disability, and list activities substantially limited by the disability. Any historical documentation that provides evidence of symptoms or diagnosis can also be helpful in making accommodation decisions. Acceptable clinical documentation may take the form of a *Psychoeducational Evaluation, Psychological Assessment, Report of Psychological Services (for learning or cognitive disabilities)* or medical documentation (**for physical disabilities**). *Note: Brief, informal notes provided by healthcare practitioners do not constitute acceptable documentation of a disability.*
13. **Proof of prior accommodations granted:** Provide documentation of any accommodations granted by educational institutions or testing agencies. Acceptable documentation includes an *Individualized Education Program (IEP) (for learning disabilities)*. If no prior accommodations were provided, the applicant should include an explanation as to why no accommodations were given and why accommodations are now needed.
14. **Personal statement:** Please provide a brief personal statement that describes the history of your disability and how the disability affects your ability to take the exam under standardized testing conditions. Please explain how the accommodation requested alleviates the impact of your disability.
15. **Certification:** I certify that the information I have provided above is true and accurate. If further clarification or information is needed, I authorize AMT to contact the professional(s) who diagnosed my disability and/or any entities that granted me previous testing accommodations. I authorize such professionals and entities to provide AMT with the necessary clarification and/or further information.

Signature: _____ Date: _____