



REQUEST FOR ACCOMMODATIONS FORM

The Psychiatric Rehabilitation Association (PRA) complies with the Americans with Disabilities Act of 1990 ensuring equal opportunity for all qualified applicants with disabilities, PRA will not pay any costs that the applicant may incur in obtaining the required evaluation, diagnosis, and recommendation. PRA will however cover costs associated with reasonable accommodations that are approved and granted by the Certification Commission for Psychiatric Rehabilitation in association with any PRA certification examination.

Demographic Information. Please provide our name, address, telephone number, email address and date of birth	Last Name		First Name		Middle Initial
	Mailing Address				
	City		State/Province		Zip/Postal Code
	Daytime Phone Number			Date of Birth (mm/dd/yyyy)	
	Email Address				
Examination Information	Exam Selection			Requested Exam Window	
	<input type="checkbox"/> CPRP (Adult Psych Rehab) <input type="checkbox"/> CFRP (Children's Psych Rehab)			<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
	Application Submission Date (mm/yy/dddd)			Application ID	
	Have you taken this exam previously? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, Date of last exam (mm/yyyy)	
Information regarding disability. Supporting documentation must be submitted with this form.	Please describe your requested accommodation:				
	Please describe the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing)				
Applicants must sign and submit this form to: Psychiatric Rehabilitation Association Certification Program 7918 Jones Branch Drive, Ste. 300 McLean, Virginia 22102 Fax: 703.502.3266 e-Mail: info@psychrehabassociation.org	Please describe on a SEPARATE SHEET the special accommodations needed and include written documentation supporting the requested accommodation.				
	<p>Supporting documentation MUST comply with the following:</p> <ol style="list-style-type: none"> 1) Be on official letterhead from a licensed or certified health professional appropriate for diagnosing and treatment the disability; 2) Make a recommendation for the SPECIFIC accommodations with CURRENT detailed documentation supporting the request; 3) Provide evidence that similar accommodations have been made for you in other educational or testing situations or in employment settings or describe why no such accommodation was made in the past but is now required; 4) Be dated within the past THREE years; AND 5) Be received by the application deadline. 				

HEALTH PROFESSIONAL GUIDELINES

The following guidelines describe the necessary components of acceptable evidence required to validate a disability and the CURRENT need for testing accommodations. A prior history of accommodations without demonstration of a CURRENT need will not necessarily warrant approval of testing accommodations.

Documentation MUST be submitted on official letterhead from a licensed or certified (qualified) professional who has examined the candidate and diagnosed a physical or mental impairment. Depending on the disability and written evaluation, documentation may include a letter from a physician or a detailed report.

Documentation should provide evidence of a substantial CURRENT limitation to physical or academic functioning.

Clinical evaluations should be performed by a licensed or certified (qualified) health professional who has conducted an examination of the candidate and has diagnosed a physical or mental impairment. Details about the professional's area of specialization and professional credentials should be provided.

Documentation for all disabilities should describe the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment and the recommended accommodation(s). Terms such as "problems," "deficiencies," "weaknesses," "differences," and "learning disability" are not the equivalent of a diagnosed specific disability (such as ADHD, Dyslexia, Multiple Sclerosis, etc.). The disability MUST be SPECIFIC. The accommodation MUST also be SPECIFIC. "Extended time" or "unlimited time" is not sufficient. A recommendation for additional time MUST include the specific request, such as "an extra thirty minutes per session," or "time and one-half."

I hereby affirm that I have read and agree to all of the information provided herein.

Applicants Printed Name

Applicant's Signature

Date

Return this form to: Psychiatric Rehabilitation Association
Certification Department
7918 Jones Branch Drive, Suite 300
McLean, Virginia 22102

Fax: 703.502.3266

E-Mail: info@psychrehabassociation.org [Attention: Certification Department]