

**Certification Examination
Special Testing Accommodations
for Examination Candidates with Disabilities**

**College of Massage Therapists of
Newfoundland and Labrador**

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Special Testing Accommodations for Examination
Candidates with Disabilities

A candidate with a *documented* disability (physical or mental impairment) that substantially limits one or more major life activity (e.g. a visual, orthopaedic, speech or hearing impairment, other health/physical impairment, or a specific learning disability), who needs modification to the usual testing conditions may request special testing accommodations (e.g. extra time or a reader) to take the certification examination on the regularly scheduled test dates.

The candidate's application **must** be accompanied by the following documentation:

- Accommodation Request Form (completed by candidate) **and**
- Accommodation Request Verification Form (completed by diagnosing professional)

If the candidate has a history of testing accommodation during the candidate's massage therapy education, the candidate **MUST** also submit the

- Confirmation of Accommodation History Form (completed by massage therapy school)

Documentation

Records/reports/evaluations/assessments not more than five years old (e.g. educational, medical, psychological) must also be submitted with these forms to document the candidate's disability and any history of testing accommodation. The documentation must include a specific diagnosis.

Any professional providing documentation must be registered/licensed and/or have credentials appropriate to diagnose and treat the candidate's disability, and have diagnosed and/or evaluated the candidate **within the last five (5) years**. For example, documentation of a specific learning disability, including the identification and classification of the disorder and recommendations for testing accommodations, is appropriately provided by an educational specialist, psychologist or counsellor rather than a family physician.

In addition to the *Accommodation Request Verification Form*, the candidate must submit documentation which:

1. Provides specific diagnostic data (i.e. test results) in support of the diagnosed disability.
2. Establishes that a particular accommodation is necessary.

The documentation (e.g. psycho educational evaluation) should include general observations, a history of the disability, a description of its impact on the individual's functioning, identification of the specific standardized and professionally recognized tests/assessments given, the scores resulting from testing, interpretation of the scores and evaluation, and recommendations for testing accommodation.

Nature of Professional's Information

The professional is required to provide explanation as to the specific aspect of the disability which requires testing accommodation, the effect of the disability on the candidate's ability to perform under the customary testing conditions and the impact of the disability on major life activities (e.g. learning, seeing, hearing etc.). If there has been no history of testing accommodation, the professional verifying the disability should include an explanation as to why testing accommodations are currently needed. Where the request is in regard to a learning disability, the professional providing information should be a specialist in learning disabilities.

The candidate and the professional recommending the testing accommodation(s) should consult and come to an agreement as to the appropriate testing accommodations being requested. That is, the accommodations requested by the candidate on the

Accommodation Request Form must agree with those recommended by the professional on the **Accommodation Request Verification Form**. Without such agreement the candidate's request for accommodation will not be considered. The candidate is 3 If additional information is required about the candidate's disability either the candidate will be requested to obtain it or the College will contact the professional directly.

Failure to provide documentation of appropriate clinical/diagnostic or psycho educational assessment/evaluation will result in the candidate's request for accommodation not being considered.

Exceptions

Persons with observable disabilities who are requesting wheelchair accessible or elevator accessible test sites need not complete the **Accommodation Request Form** or have a professional complete the **Accommodations Request Verification Form**. The candidate may indicate the request for elevator or wheelchair accessibility on the examination application form under the Special Access section.

Persons with transitory conditions which are generally not "disabilities" (e.g. pregnancy, sprains, fractures, medical emergencies) are not eligible for some special testing accommodations (e.g. extra time). Persons with temporary conditions in need of accommodations such as special seating should indicate the request on the examination application form under the Special Access section.

Review Process

Requests for special testing accommodations will be reviewed by the College. The College will notify the candidate of the status/disposition of the candidate's request.

Candidates are **NOT** permitted to provide their own readers, or sign interpreters. Such assistance will be provided for the candidate by the College upon approval of the request. There are no exceptions.

With respect to matters related to testing accommodation, the College will only communicate with the candidate, professionals knowledgeable about the candidate's disability, and the candidate's authorized representative (verification required).

Test Accommodation Agreement Where the College has approved an accommodation for an eligible candidate a **Test Accommodation Agreement** will be prepared by the College specifying the elements and exact nature of the accommodation(s) and sent to the candidate for review. This agreement is to be signed by the Candidate and Chief Examination Officer and filed with the Registrar Prior to the exam.

Please note that special accommodation OSCE and MCQ examinations are *at regular scheduled exam times*. Candidates who have been approved for special accommodations must submit their signed accommodation agreement with a completed examination application. Candidates who have completed an OSCE or MCQ previously can apply to have accommodations on their second or third attempt.

PLEASE RETAIN THE ABOVE PAGES FOR YOUR RECORDS

**College of Massage Therapists of Newfoundland and Labrador
Accommodation Request
For Candidates with Disabilities**

Candidates with disabilities who are requesting testing accommodations for the College's certification examinations must complete this form and return it with the examination application. Current documentation (within the last five years) of the disability from a qualified professional who is regulated or whose credentials are appropriate to diagnose and treat the disability, and make recommendations regarding appropriate testing accommodations must be enclosed with this application.

If the candidate has received accommodations during massage therapy education the College's **Documentation of Testing Accommodation Form** must be completed by professional staff in the office of the school and enclosed with the candidate's examination application form also.

Please Print or Type
Examination Candidate Information

Name: _____ Telephone: _____

Address: _____ Exam Date: _____

City/Province: _____ Repeat Exam: Yes No

Postal Code: _____ Repeat Exam Date: _____

Accommodation on Previous Exam: Yes No

Disability: Describe

Accommodation Requested for Examination (Check all requested):

Multiple Choice Examination (MCQ): This is a 150-multiple choice exam on paper

Assistance: reader
 semi private room

Please indicate if extended time is requested: 1 hour

Objective Structure Clinical Evaluation (OSCE):

Formats: Large type (specify pt. _____)
 Other (specify): _____

Assistance: Reader

Other (specify): _____

Extended Time:

- Reading time extended by one minute for a total of 3 minute
- Station time: extended by 2 minutes for a total for a total 12 minutes
- Rest time between stations up to 2 minutes
- Other (specify): _____

I certify that all the information provided by me on this form is true and correct. I authorize the College to contact the diagnosing professional and my Massage Therapy education provider for further information as needed with respect to this application.

Signature

Date (d/m/y)

This form **MUST** be enclosed with your application mailed to the College.

**College of Massage Therapists of Newfoundland and Labrador
Accommodation Request Verification Form
For Candidates with Disabilities**

This form must be completed by a registered or qualified professional whose credentials are appropriate to diagnose and evaluate the candidate's disability and make recommendations as to appropriate testing accommodations for individuals with the disability. The professional must have treated, diagnosed or had some other professional relationship with the candidate **within the past five years**. Attach additional sheets as needed. Return this form with your application.

Please Print or Type

Examination Candidate Information

Name: _____ Telephone: _____
Address: _____ Exam Date: _____
City/Province: _____ Repeat Exam: Yes No
Postal Code: _____ Repeat Exam Date: _____
Accommodation on Previous Exam: Yes No

Registered/Qualified Professional Information

Name: _____ Title: _____
Institution: _____
Address: _____
City/Prov: _____ Postal Code: _____
Telephone: _____ Email: _____

Diagnosis and Treatment Information

1. Diagnosis: _____

2. Briefly describe the diagnosis:

**College of Massage Therapists of Newfoundland and Labrador
Documentation of Testing Accommodation**

If a candidate received accommodations during massage therapy education this form should be completed by professional staff in the office of the school and enclosed with the examination application form.

Please Print or Type
Examination Candidate Information

Name: _____

Address: _____

City/Prov: _____

Postal Code: _____

Telephone: _____

**Information on School Representative Certifying Testing Accommodation History
in Massage Therapy Program**

Name: _____ Title: _____

Institution: _____

Address: _____

City/Prov.: _____ Postal Code: _____

Telephone: _____ Email: _____

Type of Accommodation Provided to Student

Multiple Choice Examination (MCQ):

- Assistance: reader
 semi private room

Other (specify): _____

Extended Time: Amount given in school, please also provide normal length of school MCQ examination

Objective Structure Clinical Evaluation (OSCE):

Formats: Large type (specify pt. _____)
 Other (specify): _____

Assistance:

- Reader
- Reading time Extended by one minute for a total of 3 minutes
- Station time: extended by 2 minutes for a total for a total 12 minutes
- Rest time between stations up to 2 minutes

Other (specify): _____

Extended Time: Amount given in school, please also provide normal length of school OSCE stations

Provide a rationale for the specified amount of extended time recommended for the **written and/or the OSCE:**

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Signature

Date (d/m/y)