



Application for Testing Accommodations

To request test accommodations for a disability covered by the *Americans with Disabilities Act of 1990 (ADA)*:

1. Read the NCCCO *Guidelines for Documenting a Request for Testing Accommodations* carefully.
 - Share them with the professional who will be providing documentation.
2. Complete this form in full. Read and sign the Authorization (Section G) below.
3. Attach documentation of your disability and your need for accommodation(s).
 - Be sure your documentation includes the information listed in the NCCCO Guidelines for Documenting a Request for Testing Accommodations.
 - Include supporting documentation (e.g., school records, records of prior testing accommodations, medical reports, lab reports, etc.) as necessary to support your request.
 - **PLEASE NOTE THAT INCOMPLETE DOCUMENTATION WILL DELAY OR EVEN PREVENT THE PROCESSING OF YOUR REQUEST**
4. Be sure that:
 - All information you submit is typed or printed. Material from evaluators must be on official letterhead.
 - All documents are in English. You are responsible for providing certified English translations of any foreign-language documentation.
 - You include documentation of your functional impairment in activities beyond test-taking.
5. Send your completed NCCCO Application for Testing Accommodations and supporting documentation to NCCCO via email or mail at least four (4) weeks prior to your testing date, to:

National Commission for the Certification of Crane Operators
 ATTN: Disability Services
 2750 Prosperity Avenue, Suite 505
 Fairfax, VA 22031
 info@nccco.org
6. After submission, if there is a request made for additional information, the candidate must submit the requested information within the 12-month period from the date of the original submission, or the candidate will be required to start the process from the beginning.
7. If and/or when the testing accommodation is approved, it will be the responsibility of the candidate to advise the Test Site Coordinator at their selected location of the approval.

Applicants for ADA accommodations must comply with the applicable exam registration deadlines. However, applicants are encouraged to submit their application and documentation as early as possible to allow ample time for consideration of the request. Requests may take up to four (4) weeks.

SECTION A. BIOGRAPHICAL INFORMATION

FULL LEGAL NAME		First	Middle	Last	Suffix (Jr., Sr., III)
DATE OF BIRTH	CCO CERTIFICATION NUMBER (IF AVAILABLE)		CANDIDATE ID (IF AVAILABLE)		
MAILING ADDRESS					
CITY		STATE	ZIP	COUNTRY	
PHONE (HOME)	PHONE (CELL)		EMAIL		
I request NCCCO communicate with me via: <input type="checkbox"/> Postal mail <input type="checkbox"/> Email					

SECTION B. NCCCO EXAMS

For which examination(s) are you requesting test accommodations?

SECTION C. NATURE OF DISABILITY

Indicate the nature of your disabling impairment, the year it was first professionally diagnosed, and the date of your most recent evaluation. (Select all that apply):

Disabling Impairment:

- Vision
- Hearing
- Physical Impairment
- ADHD
- Learning/Reading Disorder
- Psychological/Psychiatric/Neurological
- Other (Specify: _____)

Date first diagnosed: _____ *Please provide documentation from provider, if available.*

Date of most recent evaluation: _____ *Attach documentation of most recent evaluation.*

SECTION D. PREVIOUS ACCOMMODATIONS

Have you previously received testing accommodations? Yes No

If yes, provide name of examination, test date, accommodations received, and pass/fail status.

Please provide documentation/verification of test accommodations.

Have you previously received other educational accommodations? Yes No

If yes, provide name of school, applicable dates, and accommodations received.

Please provide documentation/verification of educational accommodations.

Have you previously received workplace accommodations? Yes No

If yes, provide name of employer, applicable dates, and accommodations received.

Please provide documentation/verification of workplace accommodations.

SECTION E. ACCOMMODATIONS YOU ARE REQUESTING

Select all that apply:

- Reader to read test items
- Scribe to record responses
- Additional time (Specify amount: _____)
- Additional/extended breaks (Specify: _____)
- Separate testing room
- Enlarged font
- Other equipment or accommodation (Please explain: _____

_____)

SECTION F. PERSONAL STATEMENT

Please describe how your disability currently impacts your daily life. *Attach additional pages if necessary.*

Please describe how your disability currently impacts your ability to take the examination. *Attach additional pages if necessary.*

SECTION G. ATTESTATION AND AUTHORIZATION

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and hereby authorize the release of the above-referenced information to NCCCO for use in determining eligibility for the requested accommodation in testing. I understand that NCCCO reserves the right to verify any and all information in my application. I further understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this accommodation in testing.

Signature: _____ Date: _____

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from NCCCO. For reasons of confidentiality, information regarding the granting or denial of test accommodations will not be released by telephone.

If you have any questions, please contact NCCCO Disability Services at 703-560-2391 or info@nccco.org.