

Testing Accommodations Guidelines



OVERVIEW

As the international certification organization for recreational therapists, the National Council for Therapeutic Recreation Certification (NCTRC) is committed to provide an equal testing opportunity for all candidates registered for the NCTRC certification exam. In compliance with the Americans with Disabilities Act (ADA) and equivalent Canadian provincial acts, NCTRC makes reasonable testing arrangements for candidates with documented professionally diagnosed disabilities. The purpose of a testing accommodation is to ensure that the examination results reflect a candidate's aptitude or other factor that the exam is designed to measure, rather than reflecting the candidate's sensory, manual or psychological skills. When administered in the correct manner, testing accommodations provide for a testing environment that permits all candidates with an opportunity to succeed.

All accommodation requests for the NCTRC certification exam are reviewed and evaluated by NCTRC staff. If the request is approved then the actual accommodation is administered by PSI testing services at the selected test site. In order to request testing accommodations for the NCTRC certification exam, candidates must have a documented disability as defined by the ADA and equivalent Canadian provincial acts. Generally, English as a second language, pregnancy, computer anxiety and test anxiety are not covered disabilities under the ADA and equivalent Canadian provincial acts. Persons with transitory or temporary conditions (sprains, fractures, and medical conditions) are requested to contact NCTRC about possible testing arrangements. All PSI test sites are wheelchair accessible.

NCTRC requires that all candidates requesting a test accommodation carefully read all prepared information prior to submitting their request. Candidates and their respective qualified professional should consult and agree on what accommodation(s) will best meet the identified testing issue(s). Recommendations from the qualified professional should be reasonable and appropriate for the documented disability, and should not fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess. Conditions at the test center, such as lighting and temperature can not be changed. Paper and pencil examinations are not available for testing accommodations purposes.

PROCESS

All candidates requesting an exam accommodation are required to submit a completed accommodation application packet consisting of the **Accommodation Request Form** and the **Professional Accommodation Verification Form**. A complete application packet will allow NCTRC to assist candidates to arrange the most appropriate accommodation possible for their individual situation. NCTRC is not permitted to grant an exam accommodation unless the entire application packet has been reviewed by the appropriate staff. The NCTRC accommodation process is governed by the following guidelines:

1. NCTRC must receive the completed accommodation application packet prior to the start of the exam window.
2. Completed accommodation packets will be reviewed within five to seven business days and candidates will be notified of the review decision by email.
3. Approved accommodations will be arranged with PSI testing service and at no extra charge to the candidate.
4. An approved accommodation request is valid for five (5) years from the approval date. Candidates must resubmit a new application if they wish to test with accommodations after the expiration date.
5. Candidates must either have a qualified professional complete the *Professional Accommodation Verification Form* or provide existing documentation of a previously granted related accommodation in another formal testing environment dated within the past two (2) years.
6. All documentation provided in support of the processing of the accommodation application must be dated within two (2) years from the accommodation request date.
7. NCTRC can not approve accommodations of a "personal nature" (i.e., lifting, feeding, etc.).
8. All test accommodation requests and related documentation are held in strict confidence by NCTRC and will not be released without the written consent of the candidate.

STEPS FOR REQUESTING TESTING ACCOMMODATIONS

Step 1: Submit a NCTRC Certification Examination Application

- The application can be completed online. Log onto nctrc.org. Complete the Professional Eligibility Application, CTRS® Exam Registration, Recertification – Exam, or Reentry process on your Dashboard Profile.
- When completing the application, be certain to check “Yes” in the Special Accommodations section and include your accommodation request.

Step 2: Complete the exam candidate's *Accommodation Request Form*

- The *Accommodation Request Form* is contained in the accommodation application packet.
- The form should be completed in its entirety providing all needed information for NCTRC review.
- The completed *Accommodation Request Form* should be submitted to NCTRC.

Step 3: Forward the *Professional Accommodation Verification Form* to the attending qualified professional

- The qualified professional should complete and sign the *Professional Accommodation Verification Form* in a timely manner.
- The completed form and all related materials should be sent to NCTRC.
- Although the *Professional Accommodation Verification Form* will be sent by the qualified professional, it is the candidate's responsibility to ensure that NCTRC has received all required information.

Step 4: Notification of Accommodation decision and making an exam appointment

- Upon review of the complete accommodation application packet NCTRC will notify the candidate of the status of the accommodation request.
- If the accommodation request has been approved then the candidate will receive exam authorization to schedule at a specific exam site and date.
- Once the candidate has received exam authorization, an exam appointment should be made immediately via the Exam Accommodations at 800-367-1565 ext. 6750 to ensure that the desired test site is available to complete the exam. All approved accommodation information will be forwarded to the specific test site once the exam appointment has been confirmed.

National Council for Therapeutic
Recreation Certification®

Protecting and Promoting Since 1981

16 Squadron Blvd, Suite 101

New City, NY 10956

845 639 1439

nctrc.org



NCTRC is a member of the Institute for Credentialing Excellence (ICE) and the CTRS Credentialing Program is accredited by National Commission for Certifying Agencies (NCCA).

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Candidate Accommodation Request Form



CANDIDATE INFORMATION

Name:

ID Number:

Mailing Address:

City:

State/Province:

Zip:

Country:

Preferred Phone:

Email:

Exam (*month*) requested:

AVAILABLE ACCOMMODATIONS

Additional Testing Time Assistance:

50% (*time and one-half*)

100% (*double time*)

Assistance (*Only available at PSI Test Centers*):

Reader & Separate Room

Recorder of answers (*Marker/Writer*)

Sign Language Interpreter (*for spoken directions only*)

JAWS (*computer screen reader*)

Physical Environment:

Separate room

Other:

Additional Requests:

PLEASE NOTE: In order for PSI to accommodate your approved request for a Reader/Sign Language Interpreter or equipment, 10 business days prior notice is required to ensure the accommodation can be met.

AUTHORIZATION

1. I authorize release of the attached forms to NCTRC/PSI staff to review and arrange the requested accommodation.
2. I give my permission for my attending professional to discuss with NCTRC/PSI staff my records and history in as much as they relate to the requested or suggested accommodation.
3. I understand and agree that NCTRC/PSI staff may provide my records to an appropriate professional selected by NCTRC/PSI for an independent evaluation relating to my accommodation request.
4. I understand that if I choose to provide existing documentation of the same or a similar accommodation, I may be required to provide additional verification, including completion of the Professional Verification Form.

Signature (*handwritten or digital*)

Date

Professional Accommodation Verification Form



CANDIDATE NAME:

TO ATTENDING PROFESSIONAL: You are requested to submit this form with your signature and license number to verify that you have formally diagnosed the above named candidate as having the medical condition or disability documented below or, in your professional capacity, you have worked with the stated candidate in dealing with the disability documented below. You further verify that the accommodation(s) you recommend is necessary to fairly demonstrate the candidate's ability in a credentialing exam.

Attending Professional Name:

Mailing Address:

City: State/Province: Zip: Country:

Preferred Phone: Email:

License Number: State of Licensure:

Board Certification:

ATTESTATION

I have known/treated _____ (*candidate*) since _____ (*date*) in my capacity as a _____ (*professional title*). The candidate has been diagnosed with the following disability (*please be as specific as possible; attach additional information as deemed necessary*):

The candidate has discussed with me the nature of the NCTRC exam. It is my professional opinion that based upon the candidate's existing disability, the candidate should be provided the following accommodations:

Additional Testing Time Assistance:

50% (*time and one-half*)

100% (*double time*)

Assistance (*Only available at PSI Test Centers*):

Reader & Separate Room

Recorder of answers (*Marker/Writer*)

Sign Language Interpreter (*for spoken directions only*)

JAWS (*computer screen reader*)

Physical Environment:

Separate room

Other:

Additional Requests:

Signature of Professional (*handwritten or digital*)

Date