

CANDIDATES WITH DISABILITIES – TESTING REQUEST FOR ACCOMODATIONS

The California Fair Employment and Housing Act* (“FEHA”) grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

The FEHA protects individuals with a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or a record of having such an impairment, or having been regarded as having such an impairment. Physical impairment includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine. Mental impairment includes any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working, and the operation of a major bodily function. Whether a major life activity is substantially limited is measured by comparison to most people in the general population (not in comparison to test-takers or others in the same licensure category for which the examination is administered).

While the Bureau is not required to allow an accommodation that fundamentally alters the measurement of the knowledge, skills, and abilities that the examination is intended to test or that creates an undue financial or administrative burden. The Bureau will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The Bureau is not able to provide reasonable accommodations to individuals unless the Bureau is made aware of the individual’s need. An applicant who needs an accommodation to be able to participate in the examination, must advise the Bureau after submitting the Household Mover application. This notification should include sufficient documentation to enable the Bureau to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The Bureau is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

If you have a disability which may require accommodations of the examination process, you must complete the following REQUIRED information:

1. A **Testing Request for Accommodation of Disabilities** form completed and signed by the applicant.
2. A **Professional Evaluation and Documentation of a Disability** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator.

An evaluator is a person qualified, typically by current and active licensure, to act within their scope of practice to evaluate the existence of a candidate's disability. The evaluator certifies the way in which the impairment substantially limits a candidate's major life activity and defines the way that the limitation impacts a candidate's ability to perform under the specific conditions in which the examination is administered. An evaluator cannot be related to the candidate by blood, marriage, or domestic partnership.

The required information must be completed and mailed to the BHGS, 4244 South Market Court, Suite D, Sacramento, CA 95834 when applying for licensure or your examination could be delayed. If you have any questions, you may contact the Bureau at (916) 999-2041, option 1.

*The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.



TESTING REQUEST FOR ACCOMODATIONS OF DISABILITIES **Attachment A**
 To Be Completed by the Candidate

If you have a disability and need a testing accommodation to take a licensure examination, you can submit either this form or a written request for accommodation with documentation of your impairment and need for specific accommodation(s). This documentation can be in the form of proof of past testing accommodation(s) or certification by an evaluator of your impairment and your need for specific accommodation(s). The evaluator can submit Attachment B for certification. Your request package will be kept confidential to the extent provided by law. Specific accommodations granted will be disclosed to the testing vendor.

Submit your request and supporting documentation to:

Candidate information

 Name

 Address

 City State Zip Code

 Telephone Email

I. The examination I am requesting to take:
 Household Movers

II. What major life activity(ies) does your impairment substantially limit in comparison to most people in the population? (You are not required to give your diagnosis.)

III. The testing accommodation(s) I am requesting is/are:

Separate testing area	Written instructions
Extended testing time	Screen reader
Specified breaks during testing	Use of personal items due to impairment:
Other: _____	_____
_____	_____

I attest that the information I have provided on this form is true and correct.

 Candidate Printed Name Date

 Candidate Signature

Failure to provide documentation of an impairment and need for specific testing accommodation(s) will result in denial of the request. Applicants have the right to review records subject to the provisions of the Information Practices Act.



PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY **Attachment B**
 To Be Completed by the Evaluator

I. Candidate Name: _____

The Candidate named above is requesting testing accommodation(s) for the following examination:
 Household Movers Exam

Format of examination: X Multiple choice questions administered by computer

II. Evaluator Information:

 Name

 Telephone Number

 License Type

 License Number

III. Please respond to the following:

1. Does the Candidate’s disability substantially limit major life activity(ies) in comparison to the general population?

Yes No

2. How would the Candidate’s disability(ies) affect their ability to perform based on the format of the examination listed above?

3. Based on the above, please list and explain the testing accommodation(s) you recommend:

4. Is the Candidate’s need for testing accommodation(s):
 Temporary Accommodation End Date: _____
 Permanent

I attest to the existence of a disability with limitations and the need for the accommodation(s) above.

 Evaluator Printed Name

 Date

 Evaluator Signature