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SPECIAL EXAM ACCOMMODATIONS

NII provides reasonable and appropriate accommodations for individuals with documented disabilities within the meaning of the Americans with Disabilities Act, as amended (ADA). If you believe that you have a disability that prevents you from taking an exam under standard conditions, you may request accommodations.

Under ADA, a disability is a physical or mental impairment that substantially limits an individual’s ability to perform one or more major life activities, as compared with most people in the general population.

Please note, not having the ability to read or write in the same language as the examination is not considered a disability.

The NII Examinees with Disabilities Guide, which provides instructions on how to submit supporting documentation, can be found at www.naceinstitute.org. Indicate your need for accommodations prior to the exam registration process. You will receive email confirmation from NII to acknowledge the request for accommodations.

The review/approval process can take up to 30 days and will not begin until NII has received all required documentation. You will not be authorized to schedule an appointment for testing until this process has been completed.

Support staff does not maintain requests for accommodations beyond an event for which an accommodation is requested, and thus an examination candidate must submit a request for each event for which they seek accommodation.

COMPUTER BASED EXAMS

Examinees can reference the following sites for information about accommodations:

- General Information:
  

- Accommodations by program:
  
  http://www.pearsonvue.com/accommodations/select_program.asp

Email questions related to the accommodations process to NII at niifirstservice@nace.org.
For practical exams, accommodation requests received less than 30 days prior to the practical exam, are not guaranteed. It is the responsibility of the examinee to request accommodations at least 30 days in advance of any practical exam.

**PEARSON VUE APPROVED COMFORT AID LIST**

**Please note: This list is directly from the Pearson VUE website. Pearson VUE holds the right to change this list at any time, without notice. NII is not responsible for an outdated list. For the most up to date list, refer to the Pearson VUE website.**

The below items are comfort aids and do not require pre-approval. They will be allowed in the testing room upon visual inspection by the Test Center staff. Visual inspection will be done by examining the item without directly touching it (or the candidate) and without asking the candidate to remove the item, unless otherwise stated below.

<table>
<thead>
<tr>
<th><strong>Medicine &amp; Medical Devices</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto-injectors; such as EpiPen</td>
</tr>
<tr>
<td>Bandages</td>
</tr>
<tr>
<td>Braces- Neck, Back, Wrist, Leg or Ankle Braces</td>
</tr>
<tr>
<td>Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.</td>
</tr>
<tr>
<td>Cough Drops - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Eye Drops</td>
</tr>
<tr>
<td>Eye Patches</td>
</tr>
<tr>
<td>Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection</td>
</tr>
<tr>
<td>Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Handheld (non-electronic) magnifying glass (without the case)</td>
</tr>
<tr>
<td>Hearing aids/Cochlear implant</td>
</tr>
</tbody>
</table>
### Medicine & Medical Devices

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaler</td>
</tr>
<tr>
<td>Medical Alert Bracelet</td>
</tr>
</tbody>
</table>

Medical device: Must be attached to a person’s body, must be inaudible, and must not include a remote-control device. Examples include but are not limited to:

- Insulin pump
- Continuous glucose monitor

- Note: If the insulin pump or continuous glucose monitor includes an accompanying remote-control device, the remote-control device may not be taken into the testing room. If there is a need to take the remote-control device into the testing room, Candidates must apply and be approved for an accommodation to do so.

- TENS Unit
- Spinal Cord Stimulator

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical face mask</td>
</tr>
<tr>
<td>Nasal drops/spray</td>
</tr>
<tr>
<td>Oxygen Tank</td>
</tr>
<tr>
<td>Pillow/Cushion</td>
</tr>
</tbody>
</table>

Pills - i.e. Tylenol or aspirin must be unwrapped and not in a bottle/container.

Candidates may bring pills that are still in the packaging if the packaging states they MUST remain in the packaging, such as nitro glycerin pills that cannot be exposed to air. Packaging must be properly inspected.

### Mobility Devices:

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canes</td>
</tr>
<tr>
<td>Crutches</td>
</tr>
</tbody>
</table>
### Medicine & Medical Devices

- Motorized Scooters/Chairs
- Walkers
- Wheelchairs

### Other approved items (must be provided by Testing Center):

- Tissues/Kleenex
- Earplugs and Noise Reducing Headphones (only considered a comfort aid in Pearson Professional Centers, for other testing channels an accommodation approval will be required)
NON-Computer Based Exams (CBT)
(Including paper - and – pencil, practical, essay, and oral exams)

SPECIAL ACCOMMODATION REQUEST FORM

The form begins on the following page and is available to either print or complete electronically. Once completed, send to certification_support@nace.org.

A few items to note:

- A medical physician’s note is required to be submitted with the completed form (dated no more than 3 years from the exam date).
- The review/approval process can take up to 30 days and will not begin until NII has received all required documentation, including the medical note. You will not be authorized to schedule the exam until this process has been completed.
- Support staff does not maintain requests for accommodations beyond an event for which an accommodation is requested, and thus an examination candidate must submit a request for each event for which they seek accommodation.
This request is for special accommodations during a (select all that apply):

____ Computer Based Exam
____ Paper and Pencil Exam
____ Practical Exam
____ Essay Exam
____ Oral Exam

Support staff does not maintain requests for accommodations beyond an event for which an accommodation is requested, and thus an examination candidate must submit a request for each event for which they seek accommodation.

EXAM CANDIDATE REQUEST FOR TEST ACCOMMODATIONS

I. COURSE INFORMATION (if applicable)

   Course location (city and state): ________________________________

   Course code (ex: 42414001) and dates: __________________________

II. CANDIDATE INFORMATION

   NACE Contact/Member ID (if known): _________

   Candidate’s Full Name: __________________________________________

   First          Middle          Last          Suffix
III. ADA/SPECIAL ACCOMMODATION HISTORY

Have you previously requested ADA accommodations through NACE?
Yes/No

If yes, were your accommodations granted?
Yes/No

If yes, please list all test dates:
________________________________________________________

IV. DISABILITY INFORMATION*

Please describe the nature of your disability or disabilities:
________________________________________________________
________________________________________________________
________________________________________________________

Month and year when each disability was first diagnosed:
________________________________________________________

(*please attach or include medical verification documentation with the application)
Describe your current functional limitations and how those limitations will affect your ability to take the NACE Institute exam.

Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the function impact of your disability or disabilities and the effectiveness thereof, or list “none”.

V. SPECIFIC ACCOMMODATION REQUEST

What specific accommodations are you requesting?

Will these accommodations be needed for all portions of the exam (i.e. written, practical, or lab where applicable)?
VI. ATTESTATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if NACE International or the NACE International Institute determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the NACE International Institute reserves the right to revoke any Certification that is associated with this accommodation request.

I understand that the completed application and doctor verification paperwork (dated no more than 3 years from the course start date or exam date, in the case of a stand-alone exam) verifying my disability/disabilities must be received by NACE International Institute no less than 60 days prior to the course start date to allow for proper verification/accommodation preparedness.

Candidate Signature: _______________________________________________________

Date Signed: __________________________________________________________________
VII. RESOLUTION OF REASONABLE ACCOMMODATION REQUEST

Your request has been:  _____ Granted in Full
      _____ Granted Partially*

*Explanation of partial approval:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your request has been:  _____ Denied in Full
      _____ Denied Partially*

*Explanation of partial denial:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your request has been denied for the following reasons:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________