

Examinees with Disabilities Guide

NACE INTERNATIONAL INSTITUTE

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SPECIAL EXAM ACCOMODATIONS

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:

http://home.pearsonvue.com/test-taker/Test-accommodations.aspx

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 NII is not responsible for an outdated list.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.

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Auto-injectors; such as EpiPen

Bandages

Braces- Neck, Back, Wrist, Leg or Ankle Braces

Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.

Cough Drops - must be unwrapped and not in a bottle/container.

Eye Drops

Eye Patches

Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection

Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.

Handheld (non-electronic) magnifying glass (without the case)

Hearing aids/Cochlear implant

Medicine & Medical Devices
Inhaler
Medical Alert Bracelet
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
Medical/Surgical face mask
Nasal drops/spray
Oxygen Tank
Pillow/Cushion
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:
Canes
Crutches

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.



$15835\ \mathsf{Park}\ \mathsf{Ten}\ \mathsf{Blvd}.\ \mathsf{Houston}, \mathsf{TX}\ \mathsf{77084\text{-}4906}$

Telephone: 281-228-6223 www.naceinstitute.org

This request is for special acc	ommodations (during a (select o	all that apply):	
Computer Based Exam				
Paper and Pencil Exam	1			
Practical Exam				
Essay Exam				
Oral Exam				
Support staff does not main which an accommodation is a request for each event for	requested, and	d thus an examino	ation candidat	
EXAM CANDIDATE REQU	EST FOR TEST	ACCOMMOD.	ATIONS	
I. COURSE INFORMATION (if applicable)			
Course location (city and	d state):			
Course code (ex: 424140	01) and dates:			
II. CANDIDATE INFORMATIO	N			
NACE Contact/Member	ID (if known): _			
Candidate's Full Name:				
	First	Middle	Last	Suffix
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	Address:
	Street Number/Street Name
	City, State, Postal Code
	Country:
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)

rdinarily	all treatment, medication, devices, auxiliary aids, or strategies you use to ameliorate the function impact of your disability or disabilities effectiveness thereof, or list "none".
PECIFIC A	ACCOMMODATION REQUEST
What spe	ecific accommodations are you requesting?
	e accommodations be needed for all portions of the exam (i.e. written, I, 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: