

# BUREAU OF OCCUPATIONAL LICENSES

## APPLICATION FOR DISABILITY ACCOMMODATION

Sections A through D are to be completed by the APPLICANT. After completing Sections A through D, the entire form must be provided to the applicable school(s) for completion. Please print clearly. Failure to provide the requested information will result in the denial of your request.

### A. APPLICANT INFORMATION

\_\_\_\_\_  
Name (Last, First, Middle Initial) Social Security Number

\_\_\_\_\_  
Street Address Date of Birth

\_\_\_\_\_  
City, State, ZIP Telephone (with area code)

\_\_\_\_\_  
Name of School Attended

### B. EXAMINATION.

Please identify the examination for which you are requesting accommodation.

\_\_\_\_\_

### C. ACCOMMODATIONS REQUESTED. (Enclose supporting documentation.)

It is your responsibility to indicate if you need accommodations. You must be specific and enclose supporting documentation.

\_\_\_\_\_

\_\_\_\_\_

### D. SIGNATURE. (Form cannot be processed without signatures.)

*I am applying for specific accommodation under the Americans with Disability Act in order to sit for licensure examination. I understand scores earned with accommodation may be reported as "non-standard" on score reports.*

*I verify the information on this form is accurate to the best of my knowledge; I authorize the release to the Bureau of Occupational Licenses full diagnostic information by school officials, physicians, or others having such information.*

*I understand that any documentation provided to the Bureau will be kept confidential, will be used solely to determine eligibility, and will not become part of my permanent score record.*

**IF THIS APPLICATION CANNOT BE APPROVED BASED ON THE INFORMATION SUBMITTED, I UNDERSTAND THAT WILL BE SCHEDULED FOR EXAMINATION WITHOUT ACCOMMODATION.**

\_\_\_\_\_  
APPLICANT's Signature (Parent/legal guardian **must also** sign if APPLICANT is under 18.)

\_\_\_\_\_  
Date

**BUREAU OF OCCUPATIONAL LICENSES**

**APPLICATION FOR DISABILITY ACCOMMODATION**

**AFFIDAVIT OF DISABILITY DOCUMENTATION**

Sections E through H must be completed by a school official (not a relative) from each school the applicant has attended who can provide verified documentation of the APPLICANT's diagnosed disability and current test accommodations at the school due to the diagnosis.

APPLICANT's Name: \_\_\_\_\_ APPLICANT's SS#: \_\_\_\_\_

**E. DIAGNOSED DISABILITY**

1. Specific disability as stated in documentation on file (must be more specific than "learning disability"):

\_\_\_\_\_

2. When and by whom APPLICANT was: a. **FIRST** diagnosed\*. b. re-diagnosed (**within last 3 yrs**)\*

Date (month/year): \_\_\_\_\_

Age or grade of APPLICANT: \_\_\_\_\_

Person making diagnosis: *Name* \_\_\_\_\_

*Job title* \_\_\_\_\_

*Institutional affiliation* \_\_\_\_\_

*Qualifications (degrees, specialization, certification)* \_\_\_\_\_

**\*COMPLETE DOCUMENTATION OF DIAGNOSIS MUST BE ATTACHED**

**F. DOCUMENTATION CURRENTLY ON FILE AT ANY SCHOOL**

Circle "yes" or "no" for each item; **check most current year and ALL relevant past school years**; and attach the required documentation.

1. Is an **Individual Education Plan (IEP)** on file for this APPLICANT that states the need for extended time and/or any other accommodations requested due to the disability listed above?

**yes** If yes, check ALL relevant years: [ ] 2002-2003 [ ] 2001-2002 [ ] 2000-2001 [ ] 1999-2000

**ATTACH a copy of test accommodations page from most current IEP.**

(The page must include APPLICANT's name and effective dates.)

**no** If no, see "Exceptions Statement and Complete Diagnostic Documentation Required" below.

2. Is a **504 Plan or official accommodations plan** on file for this APPLICANT that states the need for extended time and/or any other accommodations requested due to the disability listed above?

**yes** If yes, check ALL relevant years: [ ] 2002-2003 [ ] 2001-2002 [ ] 2000-2001 [ ] 1999-2000

**ATTACH a copy of the most current plan documenting test accommodations.**

(The plan must include APPLICANT's name and effective dates.)

**no** If no, see "Exceptions Statement and Complete Diagnostic Documentation Required" below.

**EXCEPTIONS STATEMENT AND COMPLETE DIAGNOSTIC DOCUMENTATION REQUIRED if no IEP, 504 Plan, or official accommodations plan on file:** Attach a signed statement on school letterhead detailing: 1) the test accommodations currently provided *due to the disability*, 2) the conditions under which they are allowed, 3) the frequency of current usage, and 4) include a copy of the complete diagnostic documentation (see "Guidelines for Documentation" on page 1).

**G. CURRENT TEST ACCOMMODATIONS AT SCHOOL**

Circle "yes" or "no." If "no," see "Exceptions Statement and Complete Diagnostic Documentation Required" below.

Did your school officially permit this APPLICANT accommodation for tests (classroom and standardized) as a result of this diagnosed disability and supporting documentation? **Yes** **No**

**EXCEPTIONS STATEMENT AND COMPLETE DIAGNOSTIC DOCUMENTATION REQUIRED.** Attach a signed statement on school letterhead from a qualified professional who has reviewed the APPLICANT's file to: 1) state under what circumstances extended time would be permitted for this APPLICANT in the school and the basis for providing that accommodation (include **complete documentation**—see "Guidelines for Documentation"); 2) explain why extended time is not currently provided; 3) explain why you believe extended time should be allowed for examination; 4) describe any assistance provided for this APPLICANT outside of school, if known. Exceptions require additional time for review; please apply early.

**H. SCHOOL OFFICIAL'S SIGNATURE.** *I affirm the person named on this form attended the school where I work and I have completed this form based on the documentation on file at the school. I verify the information provided on this form **and in the attached IEP, 504 Plan, accommodations plan, and other required documentation** is accurate, to the best of my knowledge, and reflects the test accommodations provided in the school.*

\_\_\_\_\_  
School Official's Signature (may not be a relative of the APPLICANT)

\_\_\_\_\_  
Fax Number (include area code)

\_\_\_\_\_  
Print Official's Name, Title, and School

\_\_\_\_\_  
Telephone Number (include area code)

UPON COMPLETION ALL PAGES OF THIS FORM SHOULD BE SUBMITTED TO:

**Bureau of Occupational Licenses  
1109 Main St., Suite 220  
Boise, ID 83702**

Any questions may be directed to:  
(208) 334-3233

or

[ibol@ibol.state.id.us](mailto:ibol@ibol.state.id.us)