



## EXAM ACCOMMODATIONS REQUEST FORM

In an effort to provide equivalent access for all applicants taking the examination for Medi-Cal Peer Support Specialist certification, the testing interface has been designed to be accessible under the Web Content Accessibility Guidelines 2.1 AA ("WCAG 2.1AA"). The Web Content Accessibility Guidelines make Web content more accessible to people with disabilities. If the nature or extent of your disability is such that, despite WCAG 2.1 AA accessibility, you believe you will need special accommodations in order to complete the exam, you may request reasonable accommodations in accordance with the CalMHSA Reasonable Accommodations for Medi-Cal Peer Support Specialist Examination policy. Full compliance with the requirements is necessary in order to process reasonable accommodations requests.

Please have a qualified licensed medical provider complete this form to request testing accommodations. The information provided will be held in strict confidence. Please note that some accommodations may require the candidate to contact the test center directly to ensure accommodation is in place. **This form is due to CalMHSA at least 30-days before the desired testing date, in accordance with policy.**

### Part 1: Candidate Information.

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I am requesting testing accommodations. I understand that my request must be supported by recent information as noted on this document from a qualified medical professional pursuant to CalMHSA’s Exam Accommodations Policy. I further understand that any cost related to collecting documentation is my personal responsibility; however, I will not bear any cost for approved accommodations provided to me at a CalMHSA test site.

\_\_\_\_\_  
**Candidate Signature** (electronic or manual signature accepted)

\_\_\_\_\_  
**Date:**



**Part 2: Documentation of Eligibility for Reasonable Accommodations.**

Please have this section completed by a qualified licensed medical provider.

I have evaluated \_\_\_\_\_ on \_\_\_\_\_  
(Patient's Name) (Date)

In my capacity as a \_\_\_\_\_  
(Professional Title)

The examination candidate listed above discussed with me the nature of the examination to be administered. I understand the exam is a 120 item, multiple-choice exam administered on a computer in an on-line format. Candidates have two and half (2.5) hours to complete the exam, with a ten (10) minute break approximately in the middle.

It is my opinion that, because of the candidate's disability, the candidate should receive the testing accommodations as described below.



**Check all that Apply for Online-Proctored Exams:**

- Use of screen reader application\*
- A beverage is permitted during testing. Beverages must be in a transparent spill-proof sports-like bottle with a sprout.
- A snack is allowed during testing. Must be in a clear, plastic baggie.

Extended testing time (please select **one** of the following three options):

- 30 minutes of additional time, **or**
- 50% of original time, **or**
- 100% of original time

- Glucose meter and testing supplies during testing
- Liquid medicine during testing
- A service animal
- A stool or footrest
- Waiver of Automation Tools
- Other (please specify)\*\*:  
\_\_\_\_\_

Medical Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Medical Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic or wet signature)



**Check All that Apply for In-Person Testing Locations:**

- Use of screen reader application\*
- A beverage is permitted during testing. Beverages must be in a transparent spill-proof sports-like bottle with a sprout.
- A snack is allowed during testing. Must be in a clear, plastic baggie.
- Ear plugs
- English or Spanish Dictionary is permitted the testing room. Markings in the dictionary not allowed.
- Frequent or extended breaks. The exam clock will continue to run.
- Glucose meter and testing supplies during testing
- Liquid medicine during testing
- Sunglasses during testing
- Access to locker
- A service animal
- Access to medical devices during testing
- Sign language interpreter\*\*\*(for communication with staff only).

Extended testing time (please select **one** of the following three options):

- 30 minutes, **or**
- 50% of original time, **or**
- 100% of original time
- Nursing mother accommodation. Permitted to access locker for necessary medical equipment; may also be approved for additional time/breaks or to leave the testing center.
- Adjustable armless chair and/or workstation. Must be seated at the adjustable workstation. The height of the chair can be adjusted to improve access the screen, keyboard and mouse.
- Adjustable contrast and/or font Size. Toggle option within the exam to change the colors of text and/or background, and to enlarge the screen at any time.
- Zoom text (screen magnification only). A software application that allows for magnification greater than 200 and ability to change color of screen/text Software is activated upon launching the exam.
- Other (please specify)\*\*:  
\_\_\_\_\_

Medical Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Medical Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic signature permitted)



### Part 3: Important Information

\* Use of screen reader application category: Candidates with a screen reader reasonable accommodation request must receive pre-approval by CalMHSA, prior to scheduling for the exam. The use of JAWS screen reader software is required by Pearson VUE (proctor) for on-line and in-person testing. For on-line testing, candidates are responsible for having the JAWS screen reader software prior to the start of the exam. For in-person test, the JAWS screen reader software is available at no-cost to candidate with pre-approval by CalMHSA. The candidate is responsible for knowing how to use the screen reader software. **CalMHSA is not responsible for the provision of JAWS software or training on how to use the software.** The proctor is NOT permitted to guide the candidate through how to use the screen reader software. Candidates must contact the proctoring agency (Pearson Vue) to confirm the reasonable accommodation, prior to the exam date.

\*\*Details for "other" category: Specific information must be entered in this section. The information must be legible. CalMHSA shall review the accommodation requested and may contact the candidate directly for further inquiry. Candidates may be required to contact the proctoring agency (Pearson Vue) to confirm the reasonable accommodation, prior to the exam date.

\*\*\*Details for "Sign Language Interpreter" category: A sign language interpreter will be present to only facilitate communication with test center staff and to sign test questions. Interpreter may not answer or explain any content-related questions. Exam must be delivered in a separate room. Additional forms are required to be completed prior to scheduling the exam. CalMHSA will provide the forms to Candidates.



## Part 4: Submission of Form.

1. Request must be made using this form. Additional supporting documents may be submitted along with this form, if desired.
2. Requests will be processed only for individuals with an approved application for examination.
3. Request form must be submitted to CalMHSA via email or by mail at least 30-days before the desired testing date. The 30-day timeframe starts from the date of the approval of the application for examination.
  - Email address: [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org)
  - Physical address: 1610 Arden Way, Suite 175, Sacramento, CA 95815
4. CalMHSA will review all complete reasonable accommodations requests and will notify the applicant of the status of the request for exam accommodations within 30 days from the date the request was made. Applicants will be notified via email on file on the application for examination.

If you have questions about this form, please contact us at [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org) or call us at (279) 234-0699 during normal business hours, 8 AM – 5 PM, Monday – Friday, excluding holidays.

In the event the applicant disagrees with the decision, the applicant may file an appeal with the reason for disagreement. Please follow the appeals process guidelines located in the ["Guidelines, Standards, and Procedures Manual."](#)