

EXAM ACCOMMODATIONS REQUEST FORM

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 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 to process reasonable accommodations requests.

To avoid any inconvenience, please ensure you have reviewed the [Exam Comfort Aid List](#) below which comprises of items that do NOT require an accommodation request. If your request is listed in the Comfort Aid list, please do not submit an accommodation request, and proceed to schedule your exam.

Please have a qualified licensed medical provider complete this form and initial each accommodation requested. 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.**

Important Note: Do NOT schedule your exam appointment until all accommodations has been approved. If you have scheduled your exam, please cancel the appointment until your accommodation has been approved as the accommodations must be in place prior to scheduling the exam appointment.

Part 1: Candidate Information.

Full Legal Name: _____

Date of Birth: _____

Email Address: _____

Telephone Number: _____

Exam Format Choice: Online In Person

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 accommodation(s) 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.

Note: Provider must initial each requested accommodation below.

Medical Provider must initial each accommodation request.

All of these accommodations are for online and In-Person Testing unless otherwise specified.

<p>_____ Initials</p> <p>Extended testing time (please select <u>one</u> of the following three options):</p> <p><input type="checkbox"/> 30 minutes [ET30MN]</p> <p><input type="checkbox"/> 50% of original time [ET12ET]</p> <p><input type="checkbox"/> 100% of original time [ETDBTM]</p>	<p>_____ Initials</p> <p>Adjustable workstation (in-person only). Must be seated at the adjustable workstation. [ADJSTA]</p>	<p>_____ Initials</p> <p>English/Other Dictionary (in person only) is permitted in the testing room. Markings in the dictionary are not allowed. [ESPDCT]</p>
<p>_____ Initials</p> <p>Beverage Permitted during testing. Beverages must be in a transparent spill-proof sports-like bottle with a sprout. [WATERB]</p>	<p>_____ Initials</p> <p>May stand or alternate sitting and standing at adjustable workstation. The in-person exam must be delivered in a separate room. [STANDW]</p>	<p>_____ Initials</p> <p>Glucose meter and testing supplies permitted during testing. [GSMTR]</p> <p>_____ Initials</p> <p>Liquid medication permitted during testing [MEDS2]</p>
<p>_____ Initials</p> <p>Snacks allowed during testing. Must be in a clear, plastic bag. In-person exam must be delivered in a separate room. [SNACKS]</p>	<p>_____ Initials</p> <p>May stand and move around as needed. In person exam must be delivered in a separate room. [SRMVE]</p>	<p>_____ Initials</p> <p>Sunglasses permitted during testing [SUNGMA]</p>
<p>_____ Initials</p> <p>Access locker (in-person exam only) Access to snacks, beverages, medication, or medical devices outside the testing space when approved to leave that space. Not permitted to access study materials, mobile phones or non-approved electronic devices during this time. [SNACK]</p>	<p>_____ Initials</p> <p>May read aloud. In-person exam must be delivered in a separate room. [SRRDMD]</p>	<p>_____ Initials</p> <p>Sign language interpreter ** for communication with staff only. [ASDJR]</p>
<p>_____ Initials</p> <p>Frequent/extended breaks. The exam clock will continue to run. [FEBRK]</p>	<p>_____ Initials</p> <p>Separate room (in-person only). Exam must be delivered in a separate room [SEPRMM]</p>	<p>_____ Initials</p> <p>Nursing mother accommodation Permitted to access necessary medical equipment; may also be approved for additional time/breaks or to leave the testing area. [NMA]</p>
<p>_____ Initials</p> <p>JAWS screen reader application * A screen reader software application that converts information on the screen to speech. [JAWTTS]</p>	<p>_____ Initials</p> <p>Stool. A stool or footrest is permitted during testing. No request needed for medical foot stool, see Comfort Aid list. [STPST]</p>	<p>_____ Initials</p> <p>Access to Nursing Mother Space (in-person exam only). Candidate will need a designated space to pump. May access necessary medical equipment to pump. [NMAWEB]</p>
<p>_____ Initials</p> <p>Ear plugs (online exam only). Ear plugs permitted in the testing room. No request is needed for in-person but must use the ear plugs issued at in-person center. [EARPMG]</p>	<p>_____ Initials</p> <p>Adjustable contrast. Toggle option within the exam to change the colors of text and/or background at any time. [ADJCTR]</p>	<p>_____ Initials</p> <p>Admission Signature Not Required. Required if person is unable to sign during the admissions process. [NRSNGNT]</p>
<p>_____ Initials</p> <p>Adjustable armless chair (in-person exam only) is provided in the testing room. Can be adjusted to improve access to the screen, keyboard, and mouse. [ADJARM]</p>	<p>_____ Initials</p> <p>Adjustable font size. Toggle option within the exam to enlarge the screen at any time. [ADJFNT]</p>	<p>_____ Initials</p> <p>Other Please specify [ACTHER] ***:</p> <p>_____</p>
	<p>_____ Initials</p> <p>Screen Magnifier Only. Software application that allows for magnification greater than 200% and ability to change color of screen/text. Activated upon launching the exam. [ZXTSM]</p>	<p>_____ Initials</p> <p>Personal Assistant **** (See next page to specify)</p>

Personal Assistant Request(s)**** **Please read carefully.**
 Following are the accommodations pertaining to the personal assistant request.
Medical provider must initial one of the options below.

Personal Assistant Type	Description	Initials
Personal Assistant - Reader Only [SRREAD]	Candidate will bring a personal assistant Reader that will be present during the exam to read directions and test questions. The Reader may not answer or explain any content-related questions. -In-Person Exam must be delivered in a separate room. -Online Exam will require the personal assistant to fill out two additional forms. ¹	_____
Personal Assistant - Reader & Recorder [SRRERC]	Candidate will bring a personal assistant Reader/Recorder that will be present during the exam to read directions and test questions. They will also input answers as dictated by the candidate. The Reader/Recorder may not answer or explain any content-related questions. -In-Person Exam must be delivered in a separate room. -Online Exam will require the personal assistant to fill out two additional forms. ¹	_____
Personal Assistant - Recorder Only [SRRECR]	Candidate will bring a personal assistant Recorder that will be present during the exam to input answers only as dictated by the candidate. -In-Person Exam must be delivered in a separate room. -Online Exam will require the personal assistant to fill out two additional forms. ¹	_____
Personal Assistant - Sign Language Interpreter [SRSGNR]	CalMHSA will provide a Sign Language Interpreter that will be present to facilitate communication with test center staff and to sign test questions. The interpreter may not answer or explain any content-related questions. -In-person offering ONLY. Exam must be delivered in a separate room.	_____

¹ Online exam will require personal assistant to fill out two forms. Once we receive the request, additional forms will be provided.

Medical Provider Name: _____

License Number: _____

Medical Provider Signature _____ Date _____

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. For more information on JAWS® software, cost and how to use it visit <https://www.capeercertification.org/reader-accommodations/>.

*** 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 will not be allowed in the testing room.

**** Personal assistant: A personal assistant is a person that will be present during the exam, to provide assistance with the accommodation as specified above. A personal assistant may not answer or explain any content-related questions. Except for the Sign Language interpreter, the candidate will provide their own personal assistant. In-person exam must be delivered in a separate room. For online exams, additional forms are required to be completed by the personal assistant prior to the candidate scheduling the exam. CalMHSA will provide the forms to candidates.

Part 4: Submission of Form.

1. Request must be made using this form (return pages 1-4). 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 pages 1-4 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
 - 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 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."](#)

Part 5: Comfort Aid List - The following list of items do NOT require an accommodation request

Medicine & Medical Devices

- Auto-Injector, 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.
- Hearing aids/Cochlear implant – See additional information below.
- Inhaler
- Medical Alert Bracelet – See additional information below.
- Medical device – Must be attached to a person’s body and be inaudible. If device makes noise, then candidates must apply and be approved for an accommodation. See additional information below.
- Continuous Glucose Monitor
- Insulin Pump
- Spinal Cord Stimulator
- TENS Unit
- Medical Foot Stool – Note: Candidates may bring a medical foot stool for the purpose of supporting an injured leg or foot. The stool must be non-skid, have a metal base, and can be no larger than 14X14X12.
- Nasal drops/spray
- Oxygen Tank – Must be self-contained and silent. If the oxygen makes noise, or if power is required, then accommodation approval is needed.
- Pillow/Cushion
- Pills – i.e., Tylenol or aspirin – Must be unwrapped and not in a bottle/container. Note: 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.

Additional Information: Candidates are not permitted to plug any device into the computer workstation. If the medical device includes an accompanying external remote-control device, the remote-control device may **not** be taken into the testing room. If there is a need to take the external remote-control device into the testing room, including a cell phone, candidates must apply and be approved for an accommodation request to do so. (Continued below)

Mobility Devices

- Canes
- Crutches
- Motorized Scooters/Chairs
- Walkers
- Wheelchairs

Other Approved Items (vary by format, please review carefully):

- Earplugs and Noise Reducing Headphones. In person exam only and provided by test center. If ear plugs are required for online testing, please submit a Reasonable Accommodation Form.
- Face mask and/or gloves. In person exam only. Not permitted for online testing.
- Magnifying glass. Approved, handheld, non-electronic, without the case.
- Tissues/Kleenex. Must be provided by the test center for in-person exam.

Revision Log	
02/07/2024	Updated Personal Assistant Information including CalMHSA providing ASL Interpreter