CalMHSA
California Mental Health Services Authority

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: _____ **Date:** _____

(electronic or manual signature accepted)

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California Mental Health Services Authority

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 <u>each</u> requested accommodation below.

CalMHSA
California Mental Health Services Authority

Medical Provider must initial each accommodation request.

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

____ Initials	**Extended testing time** (please select one of the following three options): ☐ **30 minutes** [ET30MN] ☐ **50% of original time** [ET12ET] ☐ **100% of original time** [ETDBTM]	____ Initials	**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]	____ Initials	**Stand.** A stand is permitted in the testing room to hold dictionary. [STAND]
				____ Initials	**Stool.** A stool or footrest is permitted during testing. No request needed for medical foot stool, see Comfort Aid list. [STPST]
____ Initials	**Beverage** Permitted during testing. Beverages must be in a transparent spill-proof sports-like bottle with a sprout. [WATERB] (Water bottle is now permitted for all candidates. See Comfort Aid List for specifications)	____ Initials	**Adjustable workstation (in-person only).** Intended for candidates with mobility device (wheelchair/scooter). Must be seated at the adjustable workstation. [ADJSTA]	____ Initials	**English Dictionary (in person only)** is permitted in the testing room. Markings in the dictionary are not allowed. [ENGDCT]
____ Initials	**Snacks allowed during testing**. Must be in a clear, plastic bag. In-person exam must be delivered in a separate room. [SNACKS]	____ Initials	**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]	____ Initials	**English/Spanish Dictionary (in person only)** is permitted in the testing room. Markings in the dictionary are not allowed. [ESPDCT] *(Other languages require candidates to bring their own unmarked dictionary. Please specify the language under the "Other" section below.)*
____ Initials	**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]	____ Initials	**Sit-Stand-Workstation**. May stand or alternate sitting at height adjustable workstation. The in-person exam must be delivered in a separate room. [STANDW]	____ Initials	**ZoomText (Screen Mag and Color Contrast)** 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. [ZTXTSM] **Candidates must be proficient users. Proctors are unable to assist with functionality.**
____ Initials	**Frequent/extended breaks.** The exam clock will continue to run. [FEBRK] Restroom/off camera breaks require the exam in person.	____ Initials	**May stand and move around** as needed. In person exam must be delivered in a separate room. [SRMVE]	____ Initials	**Glucose meter and testing supplies** permitted during testing. [GSMTR]
____ Initials	**JAWS screen reader application *** A screen reader software application that converts information on the screen to speech. [JAWTTS] **Candidates must be proficient users. Proctors are unable to assist with functionality.** **Must include Separate room accommodation for in person exam.**	____ Initials	**May read aloud.** In-person exam must be delivered in a separate room. [SRRDMD]	____ Initials	**Liquid medication** permitted during testing [MEDS2]
		____ Initials	**Separate room (in-person only).** Exam must be delivered in a separate room [SEPRMM]	____ Initials	**Sunglasses** permitted during testing [SUNGMA]

____ Initials	**Sign language interpreter **** for communication with staff only. [ASDJR] **To only facilitate communication with test center staff and will not be allowed in the testing room.**	____ Initials	**Admission Signature Not Required.** Required if person is unable to sign during the admissions process. [NRSGNT]	____ Initials	**Personal Assistant ****** (See below to specify)
____ Initials	**Nursing mother accommodation** Permitted to access necessary medical equipment; may also be approved for additional time/breaks or to leave the testing area. [NMA]	____ Initials	**Waiver of Palm Vein.** Waived from providing palm vein captures during the admissions and proctor process. [NPBJP]		**Other** Please specify [ACTHER] *******: _____ _____ _____ _____ _____ _____
____ Initials	**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]	____ Initials	**Waiver of Security Scan** All candidates will be scanned using a security wand at check-in. Waiver available due to a religious belief or medical condition. [WVSSCN]		

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

Personal Assistant Type	Description	Initials
Personal Assistant - Reader Only [SRREAD]	CalMHSA will provide a personal assistant Reader that will be present during the exam to **<u>read</u>** 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 candidate to provide their personal assistant, two additional forms are required.[1]	_____
Personal Assistant - Reader & Recorder [SRRERC]	CalMHSA will provide 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 candidate to provide their personal assistant, two additional forms are required.[1]	_____
Personal Assistant - Recorder Only [SRRECR]	CalMHSA will provide 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 candidate to provide their personal assistant, two additional forms are required.[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 ONLY**. Exam must be delivered in a separate room.	_____
Translator and Separate Room [TRANS]	CalMHSA will provide a translator to be present to read directions and test questions. The Translator may not answer or explain any content-related questions. Exam must be delivered in a separate room. Separate Room accommodation code (SEPRMM) should NOT be used. **-In-Person ONLY** Clients must schedule their exam at least 8 business days before the exam date.	_____

[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. CalMHSAa will provide all personal assistants for in-person exams. The candidate will provide their personal assistant for online exams, except for the Translator and Sign Language interpreter, which must be done in person. 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 additional 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 pages numbered 1-6 must be submitted to CalMHSA via your certification application 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.
    - Physical address: 1610 Arden Way, Suite 175, Sacramento, CA 95815
    - For step-by-step instructions on submitting a request for reasonable accommodations, please visit this How to Guide.

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.

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."

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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):

- Adjustable font size: Ctrl+/- can be used to adjust font size. Ctrl+ will enlarge font up to 2x (20–24-point font.) This is available to all test takers, so approval is no longer needed.
- 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.
- **New!** Water bottle - Must meet approved* water bottle requirements.
    - Effective November 2, 2026, candidates will be permitted to bring one approved* water bottle into Pearson VUE authorized test centers.
    - Any water bottle that does not meet these requirements may not be brought into the testing room and must be stored in a secure area (such as a locker).
    - *Approved Requirements: it is fully transparent, colorless plastic; contains water only; holds no more than 750 mL (25 oz); and has a leak-proof, resealable cap with no metal components. Bottles may not be made of glass or metal, and they must not have labels, stickers, sleeves, handwritten markings, electronic components, or accessories.

Revision Log		
Version	Date	Updates
07	10/29/2026	Added Waiver of Security Scan code and removed additional form needed. Added note to Beverage accommodation as no longer needed for water bottle. Updated Comfort Aid list to include Approved Water Bottle. Moved Adjustable font comfort aid to top of Other Approved Items.

06	07/14/2026	Updates to Frequent/Extended breaks, added Wand Scanner accommodation, and clarified personal assistants provided by CalMHSA vs online requirements.
05	05/18/2026	Updated the process for submitting request forms.
04	09/11/2025	Added descriptions to Adjustable and Sit-Stand Workstations, Stand is only for dictionary, clarified pages 1-6 are needed. Corrected date for version 03.
03	04/21/2025	Updated personal assistant section to provide information that CalMHSA provides in-person assistants.
02	10/28/2024	Added Language translator and removed adjustable font/contrast as accommodations. Added that candidate must be proficient in JAWS and Zoom Text
01	02/07/2024	Updated Personal Assistant Information including CalMHSA providing ASL Interpreter