



## APPLICATION FOR TESTING ACCOMMODATIONS

### GUIDELINES FOR DOCUMENTING A REQUEST

The Community Association Managers International Certification Board (CAMICB) provides reasonable testing accommodations for candidates with disabilities.

All requests for testing accommodations must be made at the time of initial application for the CMCA examination, before authorization to test is given. CAMICB offers accommodations as appropriate and evaluates each application on a case-by-case basis.

CMCA examination candidates may request testing accommodations based on a physical or mental impairment that substantially limits one or more major life activities important to taking the examination. Major life activities are basic activities that most people in the general population are able to perform with little or no difficulty. These include, but are not limited to, activities like seeing, hearing, performing manual tasks, speaking, breathing, concentrating, reading, thinking, learning or working.

To request a testing accommodation, please submit the following:

1. A completed and signed *Application for CMCA Testing Accommodations* form.
2. Documentation from a qualified professional, such as a licensed professional or certified specialist, who has examined or treated you for the disabling impairment(s). The documentation must be on the evaluator's letterhead, signed, and dated within the past 5 years. The documentation must include the following:
  - A specific diagnosis using professionally recognized criteria with a description of the observed signs, reported symptoms, and any objective test findings that support the diagnosis;
  - A description of the functional limitations experienced by the candidate as a result of the impairment(s), and how these limitations affect the candidate's ability to perform one or more major life activities and their ability to take the exam under standard testing conditions;
  - A specific recommendation for reasonable accommodation(s) and an explanation for why the accommodation(s) will be necessary to address the impact of the impairment(s) when taking the exam;
  - Any history of testing accommodations used by the candidate on other standardized examinations or in other settings (e.g. work, school); if the candidate has not received prior accommodations, the evaluator should address why they were not provided previously and why they are needed now; and
  - The evaluator's professional credentials and an attestation that the evaluator has completed comprehensive training and has direct experience with diagnosing the specific disability.

All submitted information must be typed or printed. **Please note that the submission of incomplete documentation may delay processing of your request and/or may constitute grounds for rejection of your request.** If CAMICB requests additional information, the candidate must submit the requested information within 3 months of the date of original submission.

## SECTION A. CONTACT INFORMATION

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## SECTION B. NATURE OF DISABILITY

Indicate the nature of your disability (select all that apply):

- Vision
- Hearing
- Physical
- ADD/ADHD
- Learning/Reading
- Psychological/Psychiatric/Neurological
- Other (Specify: \_\_\_\_\_)

Date first diagnosed: \_\_\_\_\_

Date of most recent evaluation: \_\_\_\_\_

## SECTION C. REQUESTED ACCOMMODATION(S)

Indicate the testing accommodation(s) that you are requesting (select all that apply):

*Note: all accommodations must be appropriate to the disability.*

- Reader to read directions and test questions aloud
- Recorder to input answers
- Extended test-taking time  
(Specify amount needed:  additional 20% of time,  additional 50% of time,  additional 100% of time)
- Separate testing room
- Enlarged font
- Equipment or item permitted in testing room
- Other accommodation (Specify: \_\_\_\_\_)

**SECTION D. PREVIOUS ACCOMMODATIONS**

Have you previously received testing accommodations?  Yes  No

*If yes, provide name of examination, test date, and accommodations received. If no, provide explanation of why testing accommodations are needed now if not used previously.*

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**SECTION E. PERSONAL STATEMENT**

Please describe how your impairment(s) could impact your ability to take the exam and why the requested accommodation(s) will be necessary to address the impact of the impairment(s) when taking the exam.

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**SECTION F. ATTESTATION**

By signature below, I attest that the information in this application is accurate, true, and complete to the best of my knowledge. I understand that CAMICB reserves the right to verify any and all information in my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send your completed *Application for CMCA Testing Accommodations* via mail, fax, or email to:

**Community Association Managers  
International Certification Board (CAMICB)**  
6402 Arlington Blvd., Suite 510 | Falls Church, VA 22042  
Fax: 1-800-845-4394  
[info@camicb.org](mailto:info@camicb.org)

Your request will be reviewed upon receipt of all relevant materials. CAMICB will issue a decision regarding the granting or denial of testing accommodations by written notification. Information regarding the granting or denial of testing accommodations will not be released by phone for confidentiality reasons.

If you have any questions, please contact CAMICB at 866-779-CMCA or [info@camicb.org](mailto:info@camicb.org).