# **Revision Dates**: 2020-07-20; 2022-11-16; 2023-05-22

# **Revision Status**: Final

# **Review Cycle**: Annually

# **Location Stored**: H:\Certification\Accreditation\Control of Documents\ADA Request for Testing Accommodations

# **Request for Testing Accommodations**

ASHRAE complies with the Americans with Disabilities Act of 1990 (ADA).

To ensure equal opportunities for all qualified persons, ASHRAE will make reasonable accommodations for certification exam candidates when appropriate, and consistent with ADA requirements. ASHRAE will consider requests for testing accommodations from certification candidates with a documented disability that limits the candidate’s ability to participate in an examination.

A qualified professional who has made an assessment related to the candidate’s disability must provide ASHRAE the below requested information concerning the disability and the requested accommodation.

A qualified professional is a licensed or otherwise properly credentialed individual who possesses expertise in the disability for which an accommodation is sought.

The information in this “Request for Testing Accommodations” form and any documentation that is provided regarding a candidate’s disability and the need for a testing accommodation(s) will be treated as confidential.

**Process**

ASHRAE Certification Exam Candidates are kindly advised of the following requirements and related information:

* Please submit a completed “Request for Testing Accommodations” form at the same time as your online ASHRAE [Certification](https://www.ashrae.org/professional-development/ashrae-certification) application.
* Following review and acceptance of the “Request for Testing Accommodations,” ASHRAE Certification staff will process the Certification application fee and submit the request for testing accommodations with preferred test center location and testing dates and times to Kryterion, ASHRAE’s exam delivery partner.
* A Kryterion Testing Network (KTN) Administrator subsequently will work with the candidate directly to schedule the exam.
* Following initial submission of a completed “Request for Testing Accommodations” form and an online ASHRAE Certification application, please allow approximately 20 business days for an examination appointment.

**Part I: Exam Candidate *[To be completed by the Exam Candidate]***

## **ASHRAE Exam Candidate Information**

1. Candidate’ Name (First / Last):
2. Candidate ASHRAE Member/Certification ID:
3. Mailing Address:
4. Telephone Number:
5. Email:
6. Name of Requested Kryterion Testing Network (KTN) [Test Center](https://www.kryterion.com/locate-test-center/):
7. Test Center City and Country:
8. 1st Preferred\* Date & Appointment Start Time:
9. 2nd Preferred\* Date & Appointment Start Time:
10. 3rd Preferred\* Date & Appointment Start Time:

\*Please select dates and times at least four (4) weeks from the date of submission of the “Request for Testing Accommodations” form and online ASHRAE Certification application.

**Candidate Attestation & Authorization**

By signing below, I confirm that the information provided on this form is complete and accurate to the best of my knowledge.

I authorize the release and disclosure of information by the Qualified Professional for the purpose of allowing ASHRAE to make a determination regarding my request for a testing accommodation. I understand that ASHRAE will employ reasonable methods to help ensure that the information provided herein regarding my disability and request for accommodation is treated as confidential.

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Signature of Candidate Date

**Part II: Qualified Professional *[To be completed by the Qualified Professional]***

**Qualified Professional Information**

1. Professional’s Name (First / Last):
2. Professional Title: (e.g., Medical Doctor, Licensed Psychologist):
3. License Number, and State Issuing License:
4. Professional Credential:
5. Organization Issuing Credential:
6. Name of Practice:
7. Business Address:
8. City, State, Zip:
9. Telephone Number:
10. Email Address:

**Description of Exam Candidate Disability**

1. Disability Related to the Accommodation Request:
2. Date of Most Recent Professional Diagnosis:

**Recommended Testing Accommodations**

Please indicate the testing accommodation(s) recommended:

* 1.5 x Exam Time
* 2.0 x Exam Time
* Food/water (describe the specific items needed)
* Medical equipment (describe the specific items needed)
* Multiple breaks
* Private room
* Reader
* Reader & recorder
* Recorder
* Screen magnification software (ZoomText)
* Screen reader software (Zoomtext w/ speech)
* Screen reader software (JAWS)
* Attendance of service animal
* Sign language interpreter
* Other (please describe):

**Signature of Qualified Professional**

By signing below, I confirm that the information provided in this form is complete and accurate to the best of my knowledge.

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Printed Name of Qualified Professional

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Signature of Qualified Professional Date

**Submission: Request for Testing Accommodations**

The Qualified Professional is kindly requested to please return this completed form by email [certification@ashrae.org](mailto:certification@ashrae.org) or by mail 180 Technology Parkway NW, Peachtree Corners, Georgia 30092 USA to **ASHRAE Certification.**

In the event of any questions, please contact ASHRAE at [certification@ashrae.org](mailto:certification@ashrae.org).