



CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834

WWW.CAB.CA.GOV

MAIN (916) 574-7220

FAX (916) 575-7283

CAB@DCA.CA.GOV

Edmund G. Brown Jr.
GOVERNOR

REASONABLE ACCOMMODATION REQUEST FOR ARCHITECT REGISTRATION EXAMINATION (ARE)

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Architects Board (CAB) provides "reasonable accommodations" for applicants with impairments that may affect their ability to take required examinations. It is the **candidate's** responsibility to notify CAB of the desired accommodation(s). We are not required to provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your impairment will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Please print clearly

Last / First / Middle Name:		Candidate ID Number:	
Address:			
City:		State:	Zip Code:
Business Telephone:		Residence Telephone:	

Please respond to the following. Attach additional sheets if needed.

1. What is the nature and extent of your impairment (e.g., hearing impairment, learning impairment, etc.)?

2. My impairment affects my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

The reasonable accommodation(s) I am requesting is:

- | | |
|---|--|
| <input type="checkbox"/> Separate Testing Area | <input type="checkbox"/> Written instructions (hearing impairment) |
| <input type="checkbox"/> Reader (vision impairment) | <input type="checkbox"/> Specified breaks during testing |
| <input type="checkbox"/> Extended Testing Time | |

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify that I agree to the modified testing condition(s) authorized by the Board and I will not discuss the exam content with anyone other than authorized representatives of the Board. I give my permission for CAB to contact the professional verifying my impairment to discuss the findings of their report, if necessary. I authorize CAB to notify the National Council of Architectural Registration Boards (NCARB) of any accommodations made to my test administration.

Candidate Signature

Date

VERIFICATION OF REQUEST FOR ACCOMMODATION

Professional verification of the candidate's impairment must be submitted to the Board on the official letterhead stationery (or the attached form) by a licensed or certified health care professional and include the following:

- a. The nature and extent of the impairment. The diagnosis must indicate how the condition substantially limits **major life activity** and its anticipated duration.
- b. The effect of the impairment on the candidate's ability to perform under normal testing conditions
- c. What special provision or modification the medical authority is recommending (e.g., extended testing time, separate testing facility, etc.).
- d. Name, title and telephone number of the medical authority or specialist
- e. Original signature of the medical authority or specialist
- f. Professional license or certification number of the medical authority or specialist

A candidate with a **learning impairment** must submit the above information from one of the following learning impairment specialists:

- a. Licensed psychologist
- b. Learning impairment specialist practicing in a college or university Learning Disabled Center
- c. Learning impairment professional in public or private practice with a Doctorate in Special Education
- d. Learning impairment specialist licensed by the state
- e. Neurologist

Pursuant to NCARB's reasonable accommodations request guidelines, candidates with a **learning impairment** must also include, along with the professional verification described above, a copy of a psycho-educational assessment administered within the past five years that provides evidence of a limitation to learning. The assessment must be in the areas of cognitive aptitude, achievement, and information processing with results obtained on standardized test(s) appropriate to the adult population and in standard scores and percentiles.

The professional verification **must** respond to all of the above items in order for the request to be considered.

Please note that all of the items must be submitted at least **60 days** prior to a desired test date. The candidate will be notified in writing if approved.

The candidate must provide the above information with regard to the special testing accommodation(s) requested to:

California Architects Board
2420 Del Paso Road, Suite 105
Sacramento, CA 95834



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PROFESSIONAL VERIFICATION FOR REASONABLE ACCOMMODATION DOCUMENTATION

Candidate Name _____

Use of this form by a licensed or certified health care professional is optional. However, if this form is not used, all the information requested must be provided on official letterhead stationery of the licensed or certified health care professional or the request for accommodation will be incomplete and cannot be processed.

Please print clearly

1. Describe the credentials and experience, which qualify you, the licensed or certified health care professional, in the specific impairment area to make the determination of the impairment and the recommended accommodation.

2. What is the nature and extent of the candidate's impairment?

3. What effect does the impairment have on the candidate's ability to perform under standard testing conditions?

4. What special provision or modification is the medical authority recommending?

Professional's Name (Print)

Professional License or Certification Number

Title

() Telephone Number

Institution/Business Name

Address

Signature

Date