



CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION
2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
MAIN (916) 574-7220 FAX (916) 575-7283
WWW.CAB.CA.GOV
CAB@DCA.CA.GOV

Edmund G. Brown Jr.
GOVERNOR

REASONABLE ACCOMMODATION REQUEST FOR CALIFORNIA SUPPLEMENTAL EXAMINATION (CSE)

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Architects Board provides "reasonable accommodations" for candidates with disabilities that may affect their ability to take required examinations. It is the **candidate's** responsibility to notify the Board of the desired accommodation(s). We are not required to provide accommodations if we are not notified of your needs.

Your request for reasonable accommodation must be submitted with the examination application or at least **90 days** prior to taking the exam. This form and other documentation will become a part of your examination record. Accommodations will not be provided at the examination site unless prior approval by the Board has been granted.

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, etc.)?
2. Describe the accommodations requested (e.g., written instructions, additional testing time, etc.).

Please provide the Board with verification of your impairment, on official letterhead, from a licensed or certified health care professional, supporting your medical accommodations request. The Professional Evaluation for Reasonable Accommodation Documentation Form on the following page may be used in lieu of the health care professional's official letterhead. The Board will not pay any costs you may incur in obtaining the required documentation. The Board will pay for pre-approved accommodations during the examination administration.

Upon receipt of the required documentation, the Board will make a decision after reviewing your request. You will be notified in writing of the Board's decision.

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 will not discuss the exam content with anyone other than authorized representatives of the Board. I give my permission for the Board to contact the professional verifying my disability to discuss the findings of their report, if necessary.

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 disability. The diagnosis should indicate how the condition substantially limits **major life activities** and its anticipated duration.
- b. The effect of the disability on the candidate's ability to perform under normal testing conditions.
- c. What special provision or modification the medical authority is recommending (e.g., signer, 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 health care professional.

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

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

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

The format of the California Supplemental Examination (CSE) is a computer-based multiple-choice examination that contains approximately 100 items, and has a time limit of 3.5 hours.

The CSE consists of two sections:

- 1) Project scenario section: which includes multiple-choice items that pertain to a hypothetical project (i.e., small- or moderate-scale, nonexempt project or a portion of a larger project) and project scenario documents (handouts), which can include: a) a single page of written information, such as the project program, site description, and architect and client profiles; b) multiple pages of graphics, such as a site plan, floor plan, elevations, sections, and/or details; and c) other project-related information, such as a letter from the client, a transmittal from the contractor, a memo from the planning department, etc. Once candidates complete this section, they must proceed to the next section of the examination (general section) and cannot later go back and review answers from the project scenario section.
- 2) General section: which includes general multiple-choice items that also pertain to the content within the CSE Test Plan and applicable knowledge and ability statements.

Please note that the accommodation request and verification must be submitted at least 90 days prior to a desired test date. The candidate will be notified in writing if approved.

Neither the spouse of the candidate nor any individual related to the candidate by blood or marriage may provide professional verification of the candidate's disability.

The candidate must provide the above information with regard reasonable accommodation(s) request to:

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

OFFICE USE ONLY

_____	Candidate contacted	_____	Request approved
_____	Documentation verified	_____	Exam date
_____	Request denied	_____	Accommodation letter sent

Comments:



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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 disability area to make the determination of the disability 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

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Telephone Number

Institution/Business Name

Address

Signature

Date