

REQUEST FOR TESTING ACCOMMODATIONS FORM AND INSTRUCTIONS



**Board Certified Medication Therapy
Management Specialist (BCMTMS™)**

The NATIONAL BOARD of MEDICATION THERAPY MANAGEMENT



The NATIONAL BOARD *of* MEDICATION THERAPY MANAGEMENT

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This edition of the Request for Testing Accommodations Form and Instructions supersedes all previous publications of this Handbook.

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Important Information

NOTE: If you indicate during the application process that you plan to submit a request for accommodations, you must also submit a completed Testing Accommodations Request Form and any necessary documentation by the appropriate deadline. No action will be taken regarding accommodation until the completed request form is received by the National Board of Medication Therapy Management (NBMTM).

Address all requests for testing accommodations and any related questions to the National Board of Medication Therapy Management (see “Contact Information”).

- Submit your request for portfolio accommodations, timing and scheduling accommodations, or testing accommodations using the Testing Accommodations Request Form found in this document. Submit the appropriate documentation to support your requested accommodations with your form.
- Submit a new request form each time you request accommodations. NBMTM will keep your supporting documentation on file during your initial candidacy and all retake opportunities.

If you submit another request form within your candidacy and retake period, you do not need to resubmit your documentation if your condition and requested accommodations have not changed. If your condition and requested accommodations are new, you must submit the supporting documentation.

- You may need certain personal items defined as “minor comfort aids” (described on page 7) during the examination to enhance your comfort during the testing session; however, you must present the items to the proctor for inspection prior to testing.

Contact Information

To get assistance with completing the Testing Accommodations Request Form or to inquire about the status of your request for testing accommodations, contact us at:

Telephone number:

(202) 489-0506

Monday–Friday, 9:00 a.m.–5:00 p.m. EST

Fax number:

(888) 977-3231

Mail address:

National Board of Medication Therapy Management
1455 Pennsylvania Ave NW
Suite 400
Washington, DC 20004

Applying for Testing Accommodations

The National Board of Medication Therapy Management is committed to serving candidates with disabilities by providing services and reasonable accommodations that are appropriate. Testing accommodations are available for candidates who meet board requirements. To request testing accommodations, follow the procedures outlined in this document.

WHEN TO APPLY FOR TESTING ACCOMMODATIONS

Submit all accommodations requests to the National Board of Medication Therapy Management in time to meet the appropriate deadline. All requests for accommodations must be reviewed and approved before you schedule your testing appointment.

Submitting your request early will provide sufficient time to process your request and arrange for any approved accommodations.

Some accommodations have special production requirements. The National Board Testing Accommodations Center makes every effort to process all requests in a timely manner. The earlier you submit your request, the more time is available for specialized production.

THE REQUEST PROCESS

If you are requesting testing accommodations for the first time, your completed request form must be accompanied by appropriate supporting documentation, as described in "Submitting Documentation for Testing Accommodations Requiring Prior Approval." Write your name and telephone number on each piece of correspondence you provide. The documentation is kept confidential to the extent required by law.

Submit a Testing Accommodations Request Form each time you register to submit a component. However, you need only submit all required documentation the first time that you request testing accommodations. NBMTM will keep your documentation on file during your initial candidacy and all retake opportunities. If you apply within that period, you need to submit only a completed Testing Accommodations Request Form if your condition and the requested accommodations have not changed. If you request new accommodations or you request accommodations for a new condition, you must submit supporting documentation.

NBMTM reviews all complete testing accommodations requests and accompanying documentation that are received by the deadline date on a case-by-case basis.

In some cases, the submitted documentation may not be sufficient to make a determination regarding the requested accommodation(s) or may not support the requested accommodation(s). NBMTM will notify you if you need to provide additional information or test results related to your requested accommodation.

In some cases, NBMTM will contact you directly to discuss reasonable arrangements for providing those accommodations. Once your request has been resolved, you will receive information regarding the resolution in writing. Contact us if you have any questions or concerns about the resolution of your request.

After NBMTM processes your Testing Accommodations Request Form and documentation and makes a determination about whether to approve your request(s), NBMTM will send you a letter detailing the status of your request(s).

PORTFOLIO ACCOMMODATION

You may use the Testing Accommodations Request Form to request a portfolio submission deadline extension. You must submit documentation that supports the need for additional time beyond the standard time period established by the NBMTM to complete the portfolio. The earlier you submit your request, the earlier you will receive a response.

Refer to “Submitting Documentation for Testing Accommodations Requiring Prior Approval” for instructions on how to request testing accommodations.

TIMING AND SCHEDULING ACCOMMODATION

Timing and scheduling accommodations change the allowable length of testing time and may also change the way the time is organized. Timing accommodations give students the time and the breaks they need to complete a test. Other changes may include the particular time of day, day of the week, or number of days over which a test is administered.

Candidates who have a documented disability covered under the Americans with Disabilities Act, as amended, or a scheduling conflict due to a religious Sabbath, medical conditions, or a military appointment may request special accommodations.

TESTING ACCOMMODATIONS

This section describes comfort aids and minor modifications to the testing environment that do not require approval prior to testing. Contact NBMTM if you have questions about items not listed and about whether prior approval is required.

All other testing accommodations that are not described as comfort aids or minor modifications to the testing environment require prior approval. Submit your request for testing accommodations as early as possible, to allow time for the NBMTM to determine whether your request may be approved. Refer to “Submitting Documentation for Testing Accommodations Requiring Prior Approval” for instructions on how to request testing accommodations.

Comfort Aids. You may need certain personal items defined as “minor comfort aids” during the examination to enhance your comfort during the testing session; however, you must present the items to the proctor for inspection prior to testing. Bringing and using such items in the assessment center are not considered testing accommodations. No advance notice is required, and you do not need to submit a Testing Accommodations Request Form or supporting documentation.

Items considered “comfort aids” include:

- cough drops/glucose tablets (You must unwrap all cough drops before bringing them into the testing room.);
- eyeglasses;
- hearing aids;
- insulin pump attached to your body;
- pillow or cushion;
- tissues.

NOTE: You are permitted to take breaks to use the restroom, take medication, etc. Any time taken for these breaks is considered part of your available testing time.

Submitting Documentation for Testing Accommodations

This section describes the documentation that must accompany requests for testing accommodations requiring approval prior to testing.

PHYSICAL DISABILITY

If you require accommodations other than those listed as “comfort aids” and you are requesting the accommodations due to a physical disability (e.g., visual impairment), you must:

1. submit a completed Testing Accommodations Request Form, identifying the disability and the specific accommodations requested; and
2. submit a signed statement by a licensed professional, whose license or credentials are appropriate to diagnose the disability (e.g., ophthalmologist for visual impairment). This statement, which must be written on the qualified professional's official letterhead, must indicate the following:
 - a. the disability for which testing accommodations are being requested
 - b. the recommended test administration and/or portfolio modifications that are specifically related to the disability and are reasonable in the context of this certification test

Refer to the “Supporting Documentation Checklist” to ensure that your documentation is complete.

DISABILITY OTHER THAN PHYSICAL

If you are requesting testing accommodations due to a disability that is not physical in nature (e.g., learning disability), you must:

1. submit a completed Testing Accommodations Request Form, identifying the disability and the specific accommodations requested; and
2. submit a signed statement by a qualified professional, whose license or credentials are appropriate to describe or diagnose the disability. This statement, which must be written on the qualified professional's official letterhead, must indicate the following:
 - a. the disability for which testing accommodations are being requested, with supporting documentation in the form of one of the following, which must be included as part of the statement or as separate documentation:
 - i. a full educational history with complete documentation of special education services, including other disability-related testing modifications, received within the past five years, along with the name, date, and results of the diagnostic test(s) or evaluation(s), designed for purposes other than screening, administered within the

- past five years, used to document the disability (test results should demonstrate the current functional impact of your disability)
 - ii. results of a psychological, neuropsychological, or psychoeducational diagnostic test battery, designed for purposes other than screening, administered within the past five years, interpreted by a qualified professional whose license or credentials are appropriate to diagnose the condition (test results should demonstrate the current functional impact of your disability)
 - iii. results of an evaluation interpreted by a licensed professional verifying physical abnormalities as evidenced by a computerized axial tomography (CAT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), or brain topography mapping test administered within the past five years*
- b. the recommended test administration and/or portfolio modifications that are specifically related to the disability and are reasonable in the context of this certification test

*See “Documentation Currency Policy” for exceptions.

DOCUMENTATION CURRENCY POLICY

Documentation must be considered current in order for it to be reviewed in support of a request for alternate testing arrangements. In order to be current, your documentation must:

- Be dated within the past five years

OR

- Document a physical condition

OR

- (For documentation associated with learning or cognitive disabilities) include the or evaluation results from an instrument designed to be administered to adults, that is normed for adults AND conducted no earlier than at the high school level

Before submitting your Testing Accommodations Request Form and any required documentation, use the checklist on the following page and the information above to confirm that your documentation is complete.

SUPPORTING DOCUMENTATION CHECKLIST

Your supporting documentation must include:

- a signed statement by a qualified professional, written on that person’s professional letterhead, whose license or credentials are appropriate to describe or diagnose the disability;
- a diagnosis of the disability or disabilities;
- recommended test administration modifications that are specifically related to the disability or disabilities and that are reasonable within the context of the portfolio entries, timing, scheduling, or assessment exercises.

If you are requesting testing accommodations for a disability other than a physical one, your documentation must include

- the name, date, and actual results of diagnostic test(s) designed for purposes other than screening. The diagnostic test(s) should: be current, i.e., completed within the past five years;
- demonstrate a significant discrepancy in your performance and your expected capability level;
- demonstrate the current level of functional impact of your disability.

Documentation, in itself, does not automatically support the granting of testing accommodations.

Resolution of Requests for Testing Accommodations

NOTIFICATION EMAIL

After NBMTM processes your Testing Accommodations Request Form and documentation and makes a determination about whether to approve your request(s), NBMTM will email you a letter detailing the status of your request(s). Please review this information carefully; only approved accommodations will be available to you.

If your request is approved, you may proceed with preparing your portfolio entries or scheduling your test appointment, as described in "Scheduling Your Appointment with Approved Accommodations."

If any of the testing accommodations you requested are not approved, the notification letter you receive will specify the reason the request could not be approved or will request further information required to process the request. If you have any questions about the information in this letter, contact NBMTM. If additional documentation is required, you may resubmit your request form and documentation by the requested submission date in your letter.

If you have not received any notification about the status of your request within six weeks of submitting your request form and documentation, contact NBMTM.

SCHEDULING YOUR APPOINTMENT WITH APPROVED ACCOMMODATIONS

If you schedule your appointment before your accommodations request has been resolved, you will be required to reschedule the appointment to ensure that any approved accommodations can be appropriately applied. This could result in a delay of your desired testing date.

After your request for accommodations is approved, you must schedule your test appointment in my NBMTM portal or email us directly at contact@nbmtm for special scheduling.

IMPORTANT NOTE: If you do not indicate that you have been approved for accommodations when you schedule your appointment, you will be scheduled for an appointment without your approved accommodations.

Some accommodations require significant advance notice to make appropriate arrangements; therefore, you should plan accordingly and submit your request for testing accommodations as early as possible. You are responsible for scheduling your appointment within the testing window that appears on your Authorization to Test (ATT).

APPEALING THE DENIAL OF TESTING ACCOMMODATIONS

You may appeal the denial of some or all of your requests for testing accommodations. Before you submit an appeal, carefully review the documentation requirements for different types of testing accommodations requests in “Submitting Documentation for Testing Accommodations Requiring Prior Approval.” If, after reviewing the information in this section, you still wish to proceed with an appeal of the decision, you may do so by submitting your appeal, in writing, to the address listed in “Contact Information.”

The appeal should include the following information:

- your name and address
- the date of the appeal
- the testing window indicated on your ATT, if applicable
- any documentation, in addition to the documentation that you submitted with your Testing

Accommodations Request Form, that supports your testing accommodations requests

- a brief summary of the reasons why your testing accommodations requests should be granted
- your signature

Submit your appeal as soon as possible. If your appeal is received in fewer than 60 days before the testing window indicated on your ATT, you may lose the opportunity to complete the process within the current testing window.

After NBMTM has reviewed your appeal, NBMTM will notify you as to whether your appeal has been granted or denied. All appeal determinations are subject to the approval of the board, and all appeal determinations are final.

TESTING ACCOMMODATIONS REQUEST FORM

How to submit your documents:

Submit this form and your documentation by uploading your files to your NBMTM dashboard..

Deadline:

Your request must be received 4 weeks before the exam date.

CANDIDATE INFORMATION

LAST NAME _____ FISRT NAME _____ MI _____

P.O. BOX OR STREET ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

NBMTM ID _____ DATE OF BIRTH _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

ACCOMMODATIONS REQUEST INFORMATION

Identify the disability for which you are requesting testing accommodations.

List the specific testing accommodation(s) that you are requesting.

PORTFOLIO OR TEST WINDOW ACCOMODATION

If you are requesting a dealine extension, check the appropriate box.

Deadline extension: 30 days

Deadline extension: 60 days

Deadline extension: 90 days

Deadline extension: 120 days

Deadline extension: 150 days

Deadline extension: 180 days

DOCUMENTATION REQUIREMENTS

I have not previously granted testing accomodations for the BCMTMS Examination. I have enclosed appropriate documentation as described in Request for Testing Accomodations Form and Instructions.

CANDIDATE SIGNATURE

I certify that I am the person whose name and address appear on this form. I am submitting, together with this completed Testing Accommodations Request Form, any required documentation as noted above. I understand that all information that is necessary to process this request must be available to the board sufficiently in advance of the portfolio deadline, time/scheduling, and/or administration date to provide time to evaluate and process my request for accommodations. I acknowledge that the National Board of Medication Therapy Management reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate. I acknowledge that any submitted information may also be used for research purposes in aggregate form and that in no case will any individual be identified by name in research studies.

I understand and agree that the testing accommodations I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions. I further understand that the board reserves the right to withhold or cancel my scores if it is subsequently determined that, in the NBMTM's judgment, any information presented in this request or the supporting documentation is questionable, inaccurate, or used to obtain accommodations that are not necessary.

Signature _____

Date _____



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Questions?

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