

Special Examination Arrangements for Candidates with Disabilities

NETA-CB complies with the Americans with Disabilities Act (ADA). We strive to ensure that no individual with a qualified disability is deprived of the opportunity to take our examination solely by reason of that disability. NETA-CB will provide reasonable accommodations for candidates with disabilities.

To request accommodations, please:

Complete the Candidate Accommodation Form.(see page 25 or download off the web at www.netafit.org)

Have a qualified health care provider submit the Health Care Professional Authorization Form (see page 26 or download off the web at www.netafit.org).

Provide all of this documentation with your completed application and fees at least 45 business days prior to your desired examination date. We also request that applicants inform NETA-CB of requests for special accommodations when calling to schedule examinations.

Special Examination Accommodations Other Than Disability

If you have a special testing need, we will try our best to accommodate you. If your special need is not listed here, please call or write to NETA-CB. Please submit the information listed below to NETA-CB:

International Military Personnel and Dependents: You may be able to take the exam at an international DANTES military test center, however you must check with the center first. You must include a letter from the DANTES Test Control Officer (TCO) on military letterhead with your registration. This letter should include the following information: (1) your name, (2) exam date, (3) type of exam, (4) DANTES four-digit test center code, (5) address where materials are to be shipped, and (6) phone, fax, and email where NETA-CB may reach the TCO. NETA-CB must receive this information at least 60 days prior to the exam date.

Religious Obligations: If attendance conflicts with a candidate's religious obligations, NETA-CB will try to arrange a special examination date. Candidates must include a letter from a clergy stating the nature of the obligation and the conflict presented to NETA-CB with a completed Special Training Needs request Form and Registration Form. NETA-CB must receive this information at least 60 days prior to the exam date.

Limited English Proficiency: At this time, NETA-CB certification exams are only offered in English. If English is not your first language and you wish to have additional time to take the exam, submit a copy of your birth certificate, visa or passport to NETA-CB with your registration. NETA-CB must receive this information at least 60 days prior to the exam date.



Candidate Accommodation Form

For Special NETA Testing Accommodations

This form, along with the **Health Care Professional Accommodation Form** and all supporting documentation, must be mailed to:

NETA, 5955 Golden Valley Rd Suite 240, Minneapolis, MN 55422

TO BE COMPLETED BY CANDIDATE (Please PRINT or TYPE all responses): To request an examination accommodation for a disability, please submit this form with your application. NETA must receive this completed Candidate Accommodation Form and Health Care Professional Authorization Form (and related required evaluation of your disability and the appropriate accommodation) completed by a physician or other health care provider or relevant authority.

Name: _____

Street Address: _____

City, State, Zip Code, Country: _____

E-mail Address: _____

Telephone: Day (____) _____ Evening (____) _____

Social Security Number: _____ - _____ - _____

Exam Repeater: Yes No

If yes, were you previously accommodated on NETA exam? Yes No

Description of Disability: _____

Date of Diagnosis of Disability: _____

Previous Accommodation(s) (if any), including the type of accommodation provided, the date(s) of the accommodation, and the institution or organization providing the accommodation:

Requested Accommodation: _____

I understand that NETA will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination by reason of my disability. I understand that NETA reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination whether to provide the accommodations I have requested.

Candidate's Signature

Date