

## Special Testing Accommodations for the Child Life Professional Certification Examination

- ◆ A candidate with a visual, orthopedic, speech or hearing impairment, other health or physical impairment, a specific learning disability, or a psychological or mental disorder that requires modifications to the usual testing environment may request special testing accommodations.
- ◆ Candidates for whom English is a foreign language may apply for special accommodations in the form of additional time to complete the examination.

The CLCC is committed to the letter and spirit of the Americans with Disabilities Act. Information given to the Child Life Certifying Committee (CLCC) about candidate disabilities and testing needs is confidential. There are no additional fees associated with the provision of special accommodations to persons with disabilities.

### To Be Eligible for Accommodations:

Candidates are responsible for making a request for special testing accommodations in writing a **minimum of 2 weeks prior to the registration deadline** for the desired exam administration to ensure sufficient time to review the application and make arrangements for any approved modifications. Without exception, the request and required documentation must be received 2 weeks prior to the established registration deadline. When applying, the candidate must complete the appropriate sections of the Request for Special Testing Accommodation forms and **submit verification documents as described below**:

- ◆ Candidates for whom English is a foreign language must enclose verification of past accommodation using the Testing Accommodations History form **OR** proof of college-/university-level education completed in a language other than English as verified by a non-English transcript.
- ◆ Candidates applying for accommodations for other reasons must submit documentation from an appropriately-licensed or credentialed professional, providing specific diagnostic data that supports the diagnosed disability and establishes the particular accommodation(s) necessary.
  - The professional is required to provide an explanation of the specific aspect of the disability that requires special testing accommodations and the disability's effect on the candidate's ability to perform under normal testing conditions. Documentation should include general observations, a history of the disability, a description of its impact on the candidate's functioning, identification of the specific standardized and professionally recognized test/assessments given, the scores resulting from testing, interpretation of the scores and evaluation, and recommendations for testing accommodations.
  - If necessary, the candidate may be asked to obtain additional information from the professional making recommendations regarding the candidate's testing needs.
  - Professionals submitting documentation in support of the candidate's request for accommodations may also be contacted directly by the CLCC for clarification of any information provided, limited to the candidate's testing needs.
  - The accommodations requested by the candidate must match those recommended by the professional. Only those deemed appropriate by the verifying professional will be considered.

**Only those accommodations approved in advance will be offered at the test site. No accommodation requests will be approved at the test site. Not all testing centers can accommodate every type of accommodation; candidates may be required to schedule their exam at a testing center that is not their first choice in order to achieve the appropriate environment for testing. Candidates with approved accommodations must NOT schedule their exam through the SMT/IQT website; this may result in a rescheduling fee. Once accommodations are approved, a representative of SMT/IQT will contact the candidate to schedule the exam.**

Please send the completed form(s) to [certification@childlife.org](mailto:certification@childlife.org), fax to 571-483-4482, or mail to CLCC/ACLP, 7600 Leesburg Pike, Suite 200 West, Falls Church, VA 22043.

**Child Life Professional Certification Examination Special Accommodations Request Form**

<b>Contact Information</b>	
<b>Name</b>	<b>Date</b>
<b>Address</b>	<b>Email</b>
	<b>Phone</b>
<b>Reason for Request (please check which of the following apply)</b>	
<input type="checkbox"/> English is not my native language.	<input type="checkbox"/> I have a specific learning or learning-related disability.
<input type="checkbox"/> I have a hearing impairment.	<input type="checkbox"/> I have a visual impairment.
<input type="checkbox"/> I have an orthopedic/physical disability.	<input type="checkbox"/> I have a psychological/psychiatric/ behavioral disability.
<input type="checkbox"/> I have another health condition or impairment. <i>Please specify.</i>	
<b>Accommodations Requested</b>	
Extended time. <i>Please indicate the number of additional hours you are requesting. (For those who are not native English speakers, a maximum of 1 additional hour may be approved. For all others, a maximum of 2 additional hours may be approved.)</i>	
<input type="checkbox"/> Reader ( <i>an individual to read the questions aloud. Readers are not permitted to interpret the questions, only read them verbatim</i> )	<input type="checkbox"/> Recorder ( <i>an individual to record your answers</i> )
<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Distraction-reduced environment
<input type="checkbox"/> Other. <i>Please specify.</i>	
<i>Please note that the Child Life Professional Certification Examination is administered via computer-based testing only. A print version of the exam is not available.</i>	
<b>Disability and Accommodations History</b>	
<input type="checkbox"/> I have taken the Child Life Professional Certification Exam previously	<input type="checkbox"/> I received special testing accommodations for the Child Life Professional Certification Exam previously
<input type="checkbox"/> I received special testing accommodations for college/graduate school admissions tests (e.g., SAT, ACT, GRE)	
<input type="checkbox"/> I received services for students with disabilities during my undergraduate/graduate education. <i>Please specify.</i>	
<input type="checkbox"/> I received special accommodations for classroom examinations during my undergraduate/graduate education. <i>Please specify.</i>	

<b>Verification Information</b> <i>(select at least one of the following)</i>	
I am providing a foreign language college/university transcript showing that English is not my native language	I am providing a letter or other documentation from a healthcare provider which supports the requested accommodations
I am providing a testing accommodations history (see following page) completed by a representative of my college/university disability services department which supports the requested accommodations	
<b>Statements of Understanding</b>	
I understand that only those accommodations that are supported by appropriate verification documentation will be approved.	
I understand that not all testing centers can accommodate every type of accommodation; I may be required to schedule my exam at a testing center that is not my first choice in order to achieve the appropriate environment for testing.	
I understand that the materials submitted become the property of the Association of Child Life Professionals and will not be returned to me.	
I understand that representatives of ACLP may contact individuals named in supporting documentation to clarify and/or verify the appropriate testing accommodations.	
I certify that all the information on this form and in the supporting documentation is true and accurate.	
I understand that, if accommodations are approved, I will be contacted by a representative of SMT/IQT to schedule the exam. I understand that I must not schedule the exam through the SMT/IQT website as this may result in a rescheduling fee.	
Signature	Date

### Testing Accommodations History

This form documents the applicant's history of special testing accommodations in higher education. A professional responsible for student disability services at the college or university where the accommodations were received should complete it.

<b>Applicant Information</b>					
<b>Name</b>	<b>Date</b>				
<b>Address</b>	<b>Email</b>				
	<b>Phone</b>				
<b>Verifying Professional Information</b>					
<b>Name</b>	<b>Title</b>				
<b>Institution</b>					
<b>Address</b>	<b>Email</b>				
	<b>Phone</b>				
<b>Accommodations History</b>					
<i>Please indicate the accommodations the applicant received during his/her undergraduate/graduate education.</i>					
	Extended time <i>Please indicate how much additional time was allowed for examinations.</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Reader</td> <td>Recorder (an individual to record your answers)</td> </tr> <tr> <td>Sign language interpreter</td> <td>Distraction-reduced environment</td> </tr> </table>	Reader	Recorder (an individual to record your answers)	Sign language interpreter	Distraction-reduced environment
Reader	Recorder (an individual to record your answers)				
Sign language interpreter	Distraction-reduced environment				
	Other <i>Please specify.</i>				
<b>Please indicate the dates or time period that these accommodations were provided.</b>					
<b>Please indicate the reason these accommodations were provided.</b>					
<b>Was the need for these accommodations verified by an appropriately-licensed or certified healthcare professional?</b>					
I certify that the information that is provided on this form is true and correct to the best of my knowledge.					
<b>Verifying Professional Signature</b>					